**Psychological Associates, LLC**
1915 Professional Circle
Auburn, Alabama 36830
(334)826-1699

_____
(date)

I, _____ agree to pay Psychological Associates the amount of $_____ every month until my bill is paid in full. Psychological Associates agrees that as long as I make my payments every month they will not charge me the standard 5% interest on my account.

_____ _____
(responsible party signature) (Office Manager)