PAYMENT PLAN AGREEMENT

date

Select one debtor’s first and last name

debtor’s address line 1

debtor’s address line 2

debtor’s city, state and zip code

Re: Invoice No: invoice number

This agreement between debtor name and the agency name is made for the purpose of paying in full debtor name’s account balance of $ balance. Execution of this agreement does not constitute a waiver by the state of Oregon or the agency name to any rights and remedies under law. The terms and conditions of this agreement include interest at a rate of interest rate % per annum.

Monthly payments of $ payment or more are due on the day (e.g. 1st) of each month starting date. WE MUST RECEIVE YOUR PAYMENT ON OR BEFORE THE DUE DATE. THERE IS NO GRACE PERIOD. Any payment that is not received at the agency name by the respective due date may result in the balance of your account being assigned to the Oregon Department of Revenue or a private collection firm for collection. If the agency name assigns the account to collection, you may also be responsible for any collection fees of up to PCF rate/(1-PCF rate) % that are associated with collecting this debt.

The agency retains the right to offset any refunds or sums due to the debtor from the agency name, the Department of Revenue, or from any other state agency as per ORS 293.254.

This agreement will be reviewed on date for possible increase of payment. At that time, we may ask you to provide us with updated financial statements necessary to re-evaluate this agreement. We would appreciate your efforts in paying off the account as quickly as possible and making payments in a timely manner. It is your responsibility to contact us if you are unable to meet the terms of this agreement.

**Signatures**

Attached is the Payment Schedule for my tracking purposes. I understand an invoice or statement will not be generated each month. I will receive a final acknowledgment of receipt once the penalty is paid in full.

Signature of Debtor Signature of Agency Representative

Date Date

Payment Schedule  
Invoice No: invoice number

|  |  |  |  |
| --- | --- | --- | --- |
| Payment No. | Amount | Due Date | Payment Date |
| 1 | $ |  |  |
| 2 | $ |  |  |
| 3 | $ |  |  |
| 4 | $ |  |  |
| 5 | $ |  |  |
| 6 | $ |  |  |
| 7 | $ |  |  |
| 8 | $ |  |  |
| 9 | $ |  |  |
| 10 | $ |  |  |
| 11 | $ |  |  |
| 12 | $ |  |  |