

Ethan Rymiszewski
Sacred Soul Works LLC
21 N Main Street, Mount Clemens, Michigan 48043
Phone: (586) 822-0243 – Email: ethan@sacredsoulworks.com

Payments Plan Contract

Clients Name: _____ Balance: \$400.00

Payment Amount (\$100 Minimum): _____ Payment Frequency (Circle One): Weekly, Bi-Weekly, or Monthly

I agree that I will fulfill my obligation to carry out this payment plan agreement until I have paid my balance in its totality. _____ (Initial)

I agree that I cannot receive concurrent services from Ethan Rymiszewski or any other provides working for Sacred Soul Works until this agreement is nullified. _____ (Initial)

I agree that I cannot attend or take part in any events provided by Ethan Rymiszewski, Sacred Soul Works, or any providers working for Sacred Soul Works until this agreement is nullified. _____ (Initial)

I agree that once my balance is paid in its totality this payment plan agreement is nullified entirely. _____ (Initial)

I agree that this contract is final, and I cannot request a refund. _____ (Initial)

I agree that this contract is final and cannot be canceled. _____ (Initial)

I _____ (Clients Name) will make my payment of _____ (Payment Amount) every _____ (Frequency) starting on _____ (Starting Date of Payment Plan) until my balance of \$400.00 is paid in its entirety.

Clients Name (Printed): _____

Clients Name (Signature): _____ Date: _____

Provider Name (Printed): Ethan Rymiszewski

Provider Name (Signature): _____ Date: _____

Office use only.					
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