

REQUEST FOR PAYMENT PLAN

NAME _____

ADDRESS _____

CITY	STATE	ZIP
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PHONE NO. _____

CASE NO. _____

EMPLOYER (IF UNEMPLOYED PLEASE LIST LAST EMPLOYER)

PLEASE CHOOSE ONE:

- ☐ WEEKLY PAYMENTS
☐ BI-WEEKLY PAYMENTS
☐ MONTHLY PAYMENTS

AMOUNT OF EACH PAYMENT _____

DATE OF FIRST PAYMENT _____

NOTE: If you default on this payment plan you will be given one opportunity to set up a new payment plan. If you default on the second payment plan your case will be eligible for collections.

SIGNATURE: _____

****ONCE THIS PAYMENT PLAN IS ESTABLISHED YOU CAN MAKE CREDIT/DEBIT CARD PAYMENTS AT WWW.PAYGOV.US OR BY CALLING 419-526-7932 or 419-774-4531.**