

## ***Overdue Balance Agreement***

Name \_\_\_\_\_ Payment Due \$ \_\_\_\_\_

To avoid a \$ \_\_\_\_\_ service fee and accrual of interest,

- } I understand that payment for dental services was due today.
  
- } I agree to call the above dental office on \_\_\_\_\_ (today's date) by \_\_\_\_\_: \_\_\_\_\_ (time) with charge card or bank account information to process my overdue balance.
  
- } I agree to send payment of \$ \_\_\_\_\_ for my overdue balance postmarked no later than \_\_\_\_\_ (tomorrow's date).

Signature \_\_\_\_\_ Date \_\_\_\_\_