

TCI Services Group, Inc.

FEES and PAYMENT AGREEMENT

(Please print legibly on this form)

I, _____ with _____, Date of Birth _____,
Please Print (First, Middle, Last Name) Social Security No. D.O.B.

Resident of _____
Resident address City State Zip

and employed at _____

_____, agree to pay the fees and
CONTINUE WITH → Employer's Address, City State Zip

reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein with the terms indicates as follows: *(will discuss instructions)*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

The full amount of this agreement will be paid by _____, 20__.

I understand that if I don't pay in full according to the terms of this agreement set forth above, my attorney-in-fact will be able to pursue legal actions and collect the remaining debt owed through sources available to him, place liens and levy my properties and further place a derogatory against my credit report.

Signed, Sealed and Delivered in the presence of:

NOTARY PUBLIC Section:

Signature of Payee, _____ (L.S.)
Date

Name _____
Commission Expires

WITNESS for Payee

Signature

Date

Payees initials are needed at the end of each term listed above.