



## PAYMENT PLAN SCHEDULE

NAME OF DEFENDANT:- \_\_\_\_\_

ADDRESS:- \_\_\_\_\_

PHONE #-: \_\_\_\_\_

EMAIL:- \_\_\_\_\_

TICKET #-: \_\_\_\_\_

#	Payment Date (on or before)	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

I understand and agree that any breach in the payment schedule set forth above shall constitute a default and furthermore, without notice, may result in the immediate suspension of my driver's licence.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date