

PAYMENT AGREEMENT

Case Names: _____ - _____
PET MAIDEN NAME RESP MAIDEN NAME

Prot. No.: _____ - _____

Address: _____

I, the undersigned, agree to pay the fees noted below to the Metropolitan Tribunal of the Archdiocese of Denver. I understand that failure to pay these fees, pursuant to this agreement, may cause my case to be suspended.

At this time, the following fees apply to your case:

1. Filing Fee: \$25.00 (required w/PQ)
2. Processing Fee: \$100.00

Please indicate how you intend to pay your current balance, which is \$100.00:

_____ Payment in full (Payment enclosed Y/N_____, \$_____, Ck #_____)

_____ Monthly installments of \$_____

NOTE: If you prefer monthly installments, we would appreciate the balance being paid within twelve months. The Archdiocese of Denver Management Corporation will send you an invoice on the 27th of each month. (The invoice will be for the entire amount, please make a payment for the amount specified in this agreement) This payment agreement is required to be returned to our office regardless if you choose to pay in full or make monthly payments.

It is not our wish to impose financial hardship on anyone, if you need to make different payment arrangements, please contact our office.

THIS PAYMENT AGREEMENT TAKES EFFECT UPON THE ACCEPTANCE OF YOUR PETITION. IF YOUR PETITION IS NOT ACCEPTED THIS PAYMENT AGREEMENT IS VOID.

Date

Signature of the Petitioner

Place

Signature of Notary Public, Deacon or Advocate