Payment Agreement

This Payment Agreement ("Agreement") is made and entered into on [Date] by and between the Payee, [Payee Name], with a mailing address of [Payee Address] ("Payee"), and the Payer, [Payer Name], with a mailing address of [Payer Address] ("Payer").

I. Payment Obligation

The Payer agrees to pay the Payee the sum of [Amount] on or before [Due Date], as payment for [Reason for Payment].

II. Payment Method

The Payer shall make payment to the Payee by [Payment Method] (e.g. check, electronic transfer, cash, etc.) to the following account: [Account Information].

III. Late Payment

In the event that payment is not made by the due date, the Payer agrees to pay a late fee of [Late Fee Amount], in addition to the original payment amount.

IV. Default

In the event of a default by the Payer, the Payee shall have the right to take legal action to collect the full amount of the payment, plus any additional costs incurred, including attorney's fees.

V. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the [Governing Law Jurisdiction].

VI. Entire Agreement

This Agreement constitutes the entire agreement between the parties and supersedes all prior understandings, agreements, or representations, whether written or oral.

VII. Amendment

This Agreement may not be amended or modified except in writing signed by both parties.

VIII. Binding Effect

This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, successors, and assigns.

**IN WITNESS WHEREOF**, the parties have executed this Payment Agreement as of the date first above written.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

          Payee Name                                                               Payee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

          Payer Name                                                               Payer Signature

NOTE: This document is provided for informational purposes only and does not constitute legal advice. It is recommended that you seek the advice of a licensed attorney if you have any legal questions or concerns regarding this Agreement.