

Payment Plan Schedule

File # _____

I: _____ have paid \$ _____

and submit this payment schedule with my extension application. I will pay the remaining

\$ _____ in monthly installments as follows, should I be granted an extension.

#	Payment Date (on or before)	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

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

Signature of Defendant

Date

Application Granted

Application Denied

Justice of the Peace

Date