

ALTO Counseling Center DUI Fee Payment Agreement

I, _____, agree to pay the total program fee in the amount and manner determined by this financial assessment conducted in accordance with the California Code of Regulations, Chapter 3, Division 4, Title 9. I also understand and agree that all fees must be paid in full before a Completion Certificate will be issued to the Department of Motor Vehicles.

I understand:

1. I am liable for the total program fee as well as any additional fees as outlined in the Contract.
2. All program fees must be paid in full by the Final Payment due date specified in this Fee Payment Agreement.
3. I understand payments must be received by ALTO by the specified due date. Payments received after the due date will be charged a Late Payment Fee. I understand that weekends, holidays, ALTO office hours and mail delivery times will not be accepted as an excuse for late payments.

I understand a Financial Re-assessment may be provided:

1. Upon request.
2. If the scheduled payment is thirty days late.
3. Prior to discharge from the program for failure to pay program fees.
4. If there is a change in income.

I understand my program fee is:

Total Program Fee:	\$ _____	<input type="checkbox"/> CLIENT IS ELIGIBLE FOR A FEE WAIVER
Down payment:	\$ _____	starting: _____
Balance due:	\$ _____	ending: _____
Monthly Payment Amount:	\$ _____	

A monthly payment of \$ _____ must be paid by the _____ of each month starting on _____ with a Final Payment of \$ _____ due by _____.

(Due to numerical rounding of the monthly payment amount, the final payment may be adjusted to be more or less than the monthly payment amount.)

Payments will first be applied to my previous balance of \$ _____ before being applied to current services under this enrollment.

PLEASE MAKE CHECKS/ MONEY ORDERS PAYABLE TO: *Encompass*
ALTO does not accept personal checks for last payment.

Client Signature

Date

Counselor Signature

Date

Revised 3/24/17