Tab 1

VIRGIN AND GREEN CARES

…compassionate and reliable care agency

CARE GIVING SERVICES PAYMENT PLAN AGREEMENT

This Payment Plan Agreement is made on this day ____ of _____ 20___

Between:

Care Giving Agency:
Name: _____
Address: _____
Phone/Email: _____

And

Client / Client's Representative:
Name: _____
Address: _____
Phone/Email: _____

1. PURPOSE OF THIS AGREEMENT

This Payment Plan Agreement outlines the agreed terms for payment of fees for care giving services provided by the Agency to the Client.

2. DESCRIPTION OF SERVICES

The Agency agrees to provide the following care giving services (tick or describe as applicable):

☐ Home Care
☐ Elderly Care
☐ Disability Support
☐ Post-Hospital Care
☐ Live-in Care
☐ Other (specify): _____

3. TOTAL COST OF SERVICES

The total cost for the agreed care giving services is:

₦ / $ _____ (Amount in words): _____

Phone Number: 08114934841
Website: www.virginandgreencares.com
Email:info@virginandgreencares.com
Address: 21a MCC Uratta, Owerri

4. PAYMENT PLAN STRUCTURE

The Client agrees to pay the total service fee according to the following schedule:

Payment Stage	Amount	Due Date
Initial Deposit	_____	_____
Installment 1	_____	_____
Installment 2	_____	_____
Final Payment	_____	_____

Note: Services may commence only after payment of the initial deposit.

5. MODE OF PAYMENT

Payments shall be made via:

☐ Bank Transfer
☐ Online Payment

Bank Details:
Bank Name: Zenith Bank
Account Name: Virgin and Green Cares
Account Number: 1223040440

6. LATE PAYMENT POLICY

- Payments not made by the due date may attract a **late fee of 10%**
- The Agency reserves the right to **suspend or terminate services** if payments remain outstanding for more than 3 days.

7. REFUND & CANCELLATION

- Any request for cancellation must be made in writing.
- Refunds (if applicable) shall be subject to services already rendered and administrative charges.

8. CLIENT OBLIGATIONS

The Client agrees to:

- Adhere strictly to the payment schedule
- Provide accurate information relevant to care delivery
- Treat caregivers with respect and dignity

9. AGENCY OBLIGATIONS

The Agency agrees to:

- Provide competent and trained caregivers
- Maintain confidentiality of client information
- Deliver services as agreed, subject to timely payment

10. AGREEMENT & ACCEPTANCE

By signing below, both parties confirm that they understand and agree to the terms of this Payment Plan Agreement.

For the Care Giving Agency
Name: _____
Signature: _____
Date: _____

Client / Representative
Name: _____
Signature: _____
Date: _____

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Email:info@virginandgreencares.com
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