



ILOA

Indian Lake Owners Association

P O Box 808 Smithville, TX 78957 / (512)237-8500

DELINQUENT DUES PAYMENT PLAN

ILOA MEMBER NAME: _____

MAILING ADDRESS: _____

LOT #(S): _____ R #(S): _____

PLAN BEGIN DATE: _____ PLAN TERM: _____

BEGINNING BALANCE: _____

I, _____ (MEMBER), agree to make monthly/weekly payments of \$ _____ until the total past due amount of \$ _____ is paid and until my dues are current.

I further agree the minimum payment term is 3 months and the maximum term required by law is 18 months. (Texas Property Code).

I understand, that under extenuating circumstances, this agreement may be renewed with the approval of the Indian Lake Owners Association Board of Directors. However, without said approval, any missed payments could subject me to further collections processes and/or possible legal fees.

By signing this agreement, I understand and accept the above stated payment plan and the terms set forth herein.

MEMBER SIGNATURE

DATE

ILOA BOARD MEMEBR SIGNATURE

DATE

ILOA BOARD MEMBER NAME (PRINT)