

St. Clair County Community Mental Health Authority
Specialized Residential
Installment Payment Agreement

3111 Electric Ave.
Port Huron, MI 48060
(810) 985-8900

Individual: _____ Case #: _____

Responsible Party: _____

Past Due Balance: \$ _____

I agree to pay \$_____ per month until the past due amount as noted above is paid in full. In addition to the past due payment, payments for residential services the consumer is currently receiving will also be made by the 5th working day of the month. Payment of balance shall not exceed 12 months, nor be less than \$20.00 per month.

I agree to pay my first past due payment when this agreement is signed and to make all following payments **no later than the 5th working day of each month.** I understand that failure to remit timely payments may result in my account being turned over to a collection agency.

(Check which is applicable)

☐ ***Individual no longer lives in specialized residential home.***

☐ ***Individual still lives in specialized residential home.***

Mail payments to:
S.C.C.C.M.H.A.
3111 Electric Ave.
Port Huron, MI 48060

Individual/Responsible Party Signature

Date

Spouse Signature

Date

Preparer Signature and Title

Date

cc: Individual/Responsible Party
E.H.R
Billing Coordinator/Designee