



**PAYMENT ARRANGEMENT FORM**  
**(COMPLETE ALL BLANKS)**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY No.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PHONE:(\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_ YEARS THERE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_ YEARS THERE: \_\_\_\_\_

**INCOME (attach separate sheet if needed with supporting documents)**

YOUR NET (TAKE HOME PAY): \_\_\_\_\_

SPOUSE'S NET (TAKE HOME PAY): \_\_\_\_\_

ALIMONY RECEIVED: \_\_\_\_\_

CHILD SUPPORT RECEIVED: \_\_\_\_\_

SOCIAL SECURITY/SSI/FOOD STAMPS: \_\_\_\_\_

OTHER (UNEMPLOYMENT, AFDC, ETC): \_\_\_\_\_

\*\*\*\*\*INCLUDE COPIES OF PAY STUBS, STATEMENTS, ECT...\*\*\*\*\*

**ASSETS**

**REAL ESTATE:(ONLY IF YOU ARE BUYING PROPERTY)**

MONTHLY PAYMENT: \_\_\_\_\_

MORTGAGE COMPANY: \_\_\_\_\_

REAL ESTATE TAXES: \_\_\_\_\_  
(IF NOT INCLUDED IN YOUR MORTGAGE PAYMENT)

**AUTOMOBILES:**

AUTO # 1 MONTHLY PAYMENT: \_\_\_\_\_

MAKE & MODEL: \_\_\_\_\_

AUTO # 2 MONTHLY PAYMENT: \_\_\_\_\_

MAKE & MODEL: \_\_\_\_\_

**BANKING INFORMATION:**

NAME & LOCATION OF BANK: \_\_\_\_\_

CHECKING ACCT. # 1 \_\_\_\_\_

SAVINGS ACCT. # 1 \_\_\_\_\_

CASH, SAVINGS AND CHECKING TOTAL VALUE: \_\_\_\_\_

**OTHER ASSETS:** (I.E. CASH VALUE OF LIFE INSURANCE, ETC...)

**LIST ANYTHING YOU CONSIDER AN ASSET:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**EXPENSES:**

**INSURANCE (NOT DEDUCTED FROM WAGES):**

LIFE: \_\_\_\_\_

HEALTH: \_\_\_\_\_

AUTO: \_\_\_\_\_

HOME OWNER'S/RENTER'S: \_\_\_\_\_

**RENT/UTILITIES:**

RENT/MORTGAGE: \_\_\_\_\_

WATER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

GAS & ELECTRIC: \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_

**PERSONAL:**

CHILD CARE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

FOOD: \_\_\_\_\_

CAR NOTE: \_\_\_\_\_

CABLE (TV – INTERNET): \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**OUTSTANDING DEBTS: (NOT INCLUDING AUTO & HOME )**

	CREDITOR	MONTHLY .PAYMENT	BALANCE OWED	LIFE OF CREDIT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

6. \_\_\_\_\_

I, \_\_\_\_\_, certify that the information on this personal statement is true, correct, and accurate.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PRINT NAME)

SIGNATURE: \_\_\_\_\_

Once Completed, return the Payment Arrangement Form, then return it to our office via email, [Pay@AndrewMurrell.com](mailto:Pay@AndrewMurrell.com), via fax, 844-626-3739 or mail to:

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