Financial Agreement

This Financial Agreement is entered into by and between Special Learning 1-ON-1 LLC, hereinafter referred to as "SL 1-ON-1 LLC," and the Financially Responsible Person identified below. The hourly rate of payment reimbursement is $200.00/hour for Shawna Heiser, MS, BCBA.

Date of Agreement

Financially Responsible Person (Name)

PAYMENTS

- **SL 1-ON-1 LLC** and the **Financially Responsible Person** agree jointly and separately to assume and be liable for all charges of whatever nature incurred by or on behalf of the **Financially Responsible Person** and to pay such charges as they become due.
- **SL 1-ON-1 LLC** and the **Financially Responsible Person** agree that any charges not paid in full when due shall be subject to a late charge of ten (10%) percent per annum until paid.
- Should the **Financially Responsible Person's** account be referred to an attorney for collection, the **Financially Responsible Person** agrees to pay, in addition to all sums due, all reasonable attorney's fees, court costs, and all reasonable costs of collection.
- **SL 1-ON-1 LLC** and the **Financially Responsible Person** certify that each has read this Agreement, received a copy, and understands and agrees to all provisions in this Agreement.
- The **Financially Responsible Person** or other person who signs this Agreement on behalf of and in the place of **SL 1-ON-1 LLC** represents that they are authorized by SL 1-ON-1 LLC to do so.
- The above-named **SL 1-ON-1 LLC** and **Financially Responsible Person** signing this Agreement agree, by so signing, to accept all of its terms and to perform all obligations hereunder.
- Services agreed upon between **SL 1-ON-1 LLC** and the **Financially Responsible Person** are in no way affiliated with any party other than those set forth in this Agreement.
- Delinquent payments are subject to a 5% late fee after 30 days, 10% after 60 days, and will be turned over to collections after 90 days.

INSTRUCTIONS

Please complete and return to SL 1-ON-1 LLC to initiate services.

Special Learning 1-ON-1 LLC
1122 East Main Suite 4, Bozeman, MT 59715

SIGNATURE

By signing below, the Financially Responsible Person acknowledges that they have read, understand, and agree to all terms of this Financial Agreement.

Printed Name

Signature

Date

CONSENT TO EMAIL COMMUNICATION

From time to time, Special Learning 1-ON-1 LLC may use email to communicate scheduling, billing, or general updates related to your account. Standard email is not fully secure or encrypted, and messages could be intercepted or accessed by an unauthorized party. Please indicate whether you consent to this method of communication.

☐ I consent to email communication regarding billing and account matters

☐ I do not consent to email communication

Signature

Date