

Biweekly Installment Payment Schedule Form

Customer Name: _____

Account Number: _____

Agreement Date: ____ / ____ / ____

Contact: _____

Total Amount: \$ _____

Installment Amount: \$ _____

Number of Payments: _____

Payment Schedule

No.	Due Date	Payment Amount	Paid (Y/N)	Signature/Initial
1	____ / ____ / ____	\$ _____		
2	____ / ____ / ____	\$ _____		
3	____ / ____ / ____	\$ _____		
4	____ / ____ / ____	\$ _____		
5	____ / ____ / ____	\$ _____		
6	____ / ____ / ____	\$ _____		
7	____ / ____ / ____	\$ _____		
8	____ / ____ / ____	\$ _____		

Important Notes:

- Biweekly payments are due every two weeks based on the agreed schedule above.
- Ensure all payments are made on or before the due date to avoid late fees.
- This form serves as a tracking record for both the payer and receiver.
- Both parties should retain signed copies for reference and verification.
- Contact the lender immediately in case of any changes to the payment arrangement.