

Mold Remediation Payment Schedule

Date: [Insert Date]

To: [Client's Name]

Address: [Client's Address]

Dear [Client's Name],

We are pleased to inform you that the mold remediation project at your property is scheduled to commence on [Start Date]. Below you will find the payment schedule for the services rendered.

Payment Schedule

Due Date	Payment Amount	Description
[Due Date 1]	[\$Amount 1]	Initial Deposit
[Due Date 2]	[\$Amount 2]	Mid-Project Payment
[Due Date 3]	[\$Amount 3]	Final Payment

All payments should be made to [Your Company Name]. If you have any questions or concerns regarding this schedule, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your trust in our services.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]