

Deferred Payment Loan Agreement

Date: _____

Borrower Name: _____

Borrower Address: _____

Lender Name: _____

Lender Address: _____

Loan Agreement Details

This Deferred Payment Loan Agreement ("Agreement") is made and entered into by and between the Borrower and the Lender as of the date first written above.

1. Loan Amount

The Lender agrees to provide the Borrower with a loan in the amount of \$_____ for the purpose of medical bills.

2. Deferred Payment Period

The Borrower shall not be required to make any payments on the Loan for a period of _____ months from the date of this Agreement.

3. Interest Rate

The Loan shall bear an interest rate of _____% per annum.

4. Repayment Terms

After the deferred payment period, the Borrower will begin monthly payments of \$_____ starting on _____ until the total loan amount plus interest is repaid in full.

5. Governing Law

This Agreement shall be governed by the laws of the State of _____.

6. Signatures

By signing below, both parties agree to the terms of this Deferred Payment Loan Agreement.

Borrower Signature

Lender Signature