

CHECKCITY PROPOSAL

Tosh, Inc.
Check City
PO Box 970183
Orem, UT 84097
Phone: (866)298-6330
Fax: (385)375-8297



7007499

RE: Barlow, Emily

Last 4 of SSN: 7594

Customer ID: U80-124581823

Loan ID (Account Number): U80-4545164

In this a Proposed Payment Plan (hereafter referred to as "Agreement") the words "you" and "your" mean the customer who has signed the agreement. The words "we", "us" and "our" mean Tosh, Inc., DBA Check City.

By signing the Agreement and returning a signed copy to us you agree to make one payment of \$694.00, to settle the total amount due of \$1,283.84 at \$694.00.

Payment Plan Schedule

<u>Payment#</u>	<u>Payment Amount</u>	<u>Payment Date</u>
1	\$694.00	3/29/19

Please check these dates to make sure they fall on your pay days.

Default. You will be in default of the Agreement if you fail to make a scheduled payment under this Agreement on or before the scheduled due date and any applicable grace period. Such default occurs on the day immediately following the date of your failure to perform as described herein.

Please sign in the Customer's Signature space below. By signing your signature, you acknowledge that you are signing this Agreement. By signing this Agreement, you acknowledge that it was filled in before you did so and that you have received a completed copy of it. You agree that the information you provided to us prior to entering into this Agreement is accurate.

_____ POA/Client Signature	_____ Date	Scott W._____ Check City Representative Signature	1/11/2019 Date
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