## **Bookkeeping Client Monthly Service Plan**

Client Name Business Name

| Date                             |           |       |
|----------------------------------|-----------|-------|
| Service Plan Period              |           |       |
| Services Includ                  | ed        |       |
| Service                          | Frequency | Notes |
|                                  |           |       |
|                                  |           |       |
| Fees & Paymen                    | t Terms   |       |
| Monthly Fee Payment Due Date     |           |       |
| Payment Method                   |           |       |
| Additional Note                  | <b>!S</b> |       |
| Client Signature                 |           |       |
| Date<br>Service Provider Signatu | re        |       |
| Date                             |           |       |
|                                  |           |       |