

Payment Exemption Waiver Document

Exempted Party Information

Full Name:

Address:

Contact Number:

Payment Details

Payment Amount:

Service/Reason:

Waiver Statement

I, the undersigned, acknowledge that I have been granted an exemption from the above payment in connection with the specified service or reason. By signing this waiver, I accept and agree to the terms and conditions as outlined by the granting party.

- This exemption applies exclusively to the payment listed above.
- All other obligations or terms remain in full effect.
- This waiver is valid only upon the authorized signature of both parties.

Recipient Signature:

Date: _____

Authorized By:

Date: _____