

# MONTHLY BILL PAYMENT SCHEDULE

MONTH: \_\_\_\_\_ 20\_\_

PAID	BILL DESCRIPTION	DUE DATE	AMOUNT DUE	AUTO-PAY	CONFIRMATION # / NOTES
	Rent / Mortgage	1st	\$	<input type="checkbox"/>	
	Electricity		\$	<input type="checkbox"/>	
	Water / Sewer		\$	<input type="checkbox"/>	
	Internet / Cable		\$	<input type="checkbox"/>	
	Mobile Phone		\$	<input type="checkbox"/>	
	Car Insurance		\$	<input type="checkbox"/>	
	Credit Card 1		\$	<input type="checkbox"/>	
	Subscription Services		\$	<input type="checkbox"/>	
			\$	<input type="checkbox"/>	
			\$	<input type="checkbox"/>	
			\$	<input type="checkbox"/>	

TOTAL MONTHLY INCOME  
TOTAL BILLS PAID  
REMAINING BALANCE