[Date]

[Client Name/Family Office Entity]
[Address]
[City, State, Zip Code]

Re: Engagement for Third-Party Payment Services

Dear [Name of Principal/Representative],

This letter confirms the agreement between [Family Office Name] ("Sponsor") and [Service Provider Name] ("Consultant") regarding the management and facilitation of third-party payments.

1. Scope of Services

The Consultant shall provide the following services to the Sponsor:

- Review and verification of third-party invoices.
- Processing of payments to approved vendors, contractors, and service providers.
- Maintenance of detailed accounting records for all transactions.
- Monthly reporting of disbursement activities.

2. Funding of Payments

The Sponsor agrees to provide sufficient funds to a designated account managed by the Consultant at least [Number] days prior to the scheduled payment dates. The Consultant shall not be obligated to advance its own funds for any third-party payments.

3. Fees

In consideration for these services, the Sponsor shall pay the Consultant a fee of $[Amount] per [Month/Year], or [Percentage]% of the total volume of disbursements, payable on a [Monthly/Quarterly] basis.

4. Term and Termination

This engagement will commence on [Start Date] and continue until terminated by either party with [Number] days' written notice.

5. Confidentiality

The Consultant agrees to maintain the strict confidentiality of all financial data, vendor lists, and personal information related to the Sponsor and the Family Office.

6. Limitation of Liability

The Consultant shall not be held liable for any delays or errors caused by third-party banks, incorrect information provided by vendors, or insufficient funding from the Sponsor.

Please acknowledge your agreement to these terms by signing below.

Sincerely,

[Signature of Consultant]
[Printed Name of Consultant]

Accepted and Agreed:

[Signature of Sponsor Representative]
[Printed Name and Title]
[Date]