Payment Plan Contract

Chapter:			Date:
Address:			
City/State/Zip:			
Check one:	alumnus	undergraduate	

I, the undersigned member, agree to make payments on the specified dates and the agreed amounts state on the payment schedule below to the chapter. I understand the consequences that will be brought against me if the contact if violated. The penalties could include: account being turned over to collection agency, expulsion from the Fraternity, and/or prosecution in a small claims court. Upon default, I agree to pay any fees and costs that the chapter may incur in collecting my balance owed as well as a competitive interest rate on the amount owed.

Total amount owed (beginning balance)

Payment Date	Payment Amount	Balance
//		
//		
//		
//		
//		
//		
//		
//		
//		

I agree that the above schedule of payments is an acceptable resolution to help retire my debt with the chapter, and I remain current with this payment plan.

Member

Chapter Treasurer

Date