Payment Plan Agreement

Chapter: _____ Date: _____

Host Institution: _____

Member Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

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	Date	Chapter Treasurer	Date

Revised 08/06