Payment Plan Contract

Chapter:		Date:
Address:		
City/State/Zip:		
	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
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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