



# Payment Plan

Date: \_\_\_\_\_

I fully understand that by signing this contract I vouch for my indebtedness to Sigma Phi Epsilon, \_\_\_\_\_ Chapter for the total amount of \$\_\_\_\_\_.

### Payment Plan Schedule:

\$ _____	due _____
\$ _____	due _____
\$ _____	due _____
\$ _____	due _____

I understand that if I miss any deadline or payment above cancels this payment plan and the entire outstanding balance is immediately due. If I do not pay, I forfeit my right to membership. I further understand the chapter has the right to recourse for collections in Small Claims Court. I am fully aware of these obligations and sign of my own free will.

\_\_\_\_\_

Member

\_\_\_\_\_

Vice President of Finance, \_\_\_\_\_ Chapter of Sigma Phi Epsilon

\_\_\_\_\_

Alumni and Volunteer Corporation Representative