

Chapter Payment Plan

Alpha Sigma Phi Fraternity

This form should be completed in its entirety and signed by anyone wishing to be placed on a payment plan. The treasurer of the chapter should also sign all payment plan agreements.

This document should be completed by any member who has not paid their term dues in full by the first deadline. Members should have two options as it relates to paying dues. Option 1: Pay all dues and fees in full. Option 2: Enter into an approved payment plan agreement with the chapter.

What is the amount covered by the plan? \$ _____

What date will you fulfill your financial obligations? ____ / ____ / ____

Please select one of the payment schedules listed below:

Weekly Bi-Weekly Monthly Other: _____

I, _____ agree to follow this payment agreement. I have read and understand the conditions of the agreement. Should I have any difficulty making the payments by the established deadline, I will contact the Treasurer immediately to see if an alternative arrangement can be made. I understand that there are no guarantees that an alternative arrangement can be made. I understand that failure to fulfill this payment plan may result in my suspension from the chapter and/or the chapter using all necessary means (legal action and utilizing a third-party collection agency) to get all money owed, plus any and all costs associated with collecting the delinquent funds.

Printed Name: _____

Signature: _____

Witness: _____

Treasurer Signature: _____

