

# St. Marcus Lutheran School

## Payment Plan Contract

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

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned member, agree to make **monthly payments on or before the 15<sup>th</sup> of each month** and the agreed amounts stated on the payment schedule below to St. Marcus Lutheran School. I understand the consequences that will be brought against me if the contract is violated. The penalties could include: account being turned over to collection agency and/or prosecution in a small claims court. Upon default, I agree to pay any fees and costs that the school may incur in collecting my balance owed as well as a competitive interest rate on the amount owed. Also, upon default, I will not be able to re-enroll my children in St. Marcus Lutheran School aftercare program.

Total amount owed (beginning balance)..... \$ \_\_\_\_\_

Payment Date	Payment Amount	Balance
08/15/2023	\$ _____	\$ _____
09/15/2023	\$ _____	\$ _____
10/15/2023	\$ _____	\$ _____
11/15/2023	\$ _____	\$ _____
12/15/2023	\$ _____	\$ _____
01/15/2024	\$ _____	\$ _____
02/15/2024	\$ _____	\$ _____
03/15/2024	\$ _____	\$ _____
04/15/2024	\$ _____	\$ _____
05/15/2024	\$ _____	\$ _____

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

Parent/Guardian: \_\_\_\_\_

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

School Administrator: \_\_\_\_\_

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