

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 15th 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 |
|--------------|----------------|----------|
| 08/15/2022 | \$ _____ | \$ _____ |
| 09/15/2022 | \$ _____ | \$ _____ |
| 10/15/2022 | \$ _____ | \$ _____ |
| 11/15/2022 | \$ _____ | \$ _____ |
| 12/15/2022 | \$ _____ | \$ _____ |
| 01/15/2023 | \$ _____ | \$ _____ |
| 02/15/2023 | \$ _____ | \$ _____ |
| 03/15/2023 | \$ _____ | \$ _____ |
| 04/15/2023 | \$ _____ | \$ _____ |
| 05/15/2023 | \$ _____ | \$ _____ |

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: _____