

Payment Plan Agreement

Southern Lakes Parks & Recreation (SLP&R) has agreed to allow incremental payments on your account for participation in:

(Name of Program)

Name of Participant: _____

Person Responsible for payment:

Name: _____

Address: _____

Phone: _____ Email Address: _____

Credit Card #: _____ Three Digit Code: _____

Expiration Date: _____

I, the undersigned, agree to pay SLP&R in full all balances due on my account. Furthermore, I authorize SLP&R to charge my credit card listed above for any unpaid balance on my account for the above mentioned program.

The amount will not exceed: \$_____.
(Total Cost of the Program)

Signature: _____ Date: _____