

# SAINT PETER PARISH

3655 Oberlin Avenue – Lorain, Ohio 44053

440-282-9103

## INSTALLMENT PLAN AGREEMENT

Name (Print) \_\_\_\_\_

I promise to satisfy the amount of \$ \_\_\_\_\_ for:

Student \_\_\_\_\_

Student \_\_\_\_\_

Student \_\_\_\_\_

Student \_\_\_\_\_

I will make payments in the amount of \$ \_\_\_\_\_ / Month, for a total of \_\_\_\_\_ months.

The initial payment will be received in the office on : \_\_\_\_\_

Subsequent payments in the amount of \$ \_\_\_\_\_ will be paid on the same day of each succeeding month until the entire amount has been paid in full.

I further understand that failure to pay as promised will result in retention of academic records.

I certify that I have read and fully understand the conditions and terms of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_