

GREAT FUTURES START **HERE.**



BOYS & GIRLS CLUB
OF DOOR COUNTY

Payment Plan Agreement

Responsible Party Name:
Alternate Responsible Party:
Member Name(s):
Address:
Telephone:
Email:

SUMMER PROGRAMMING MONTHLY PAYMENT AGREEMENT

Total Due: _____

Date for Monthly Payment: _____

Date of First Payment: _____

Amount of Monthly Payment: _____

Method Of Payments: ACH _____ Credit Card _____ Check _____ Cash _____

Automatic Withdraw Account Type: Checking Savings

Automatic Withdraw Account # _____ **Routing #** _____

Credit Card # _____ **Expiration Date** _____ **Security Code** _____

I acknowledge that all the information I provided in this Payment Plan Agreement is accurate and understand that it is my responsibility to pay summer programming fees in full as agreed upon in the above noted Summer Programming Monthly Payment Agreement.

Signed: _____

Printed Name: _____

Agreement Date: _____

Payment Plan Agreement

Boys and Girls Club of Door County, 55 South Third Avenue, P. O. Box 579, Sturgeon Bay, WI 54235

Telephone: 920.818.1046

E.mail: cneuville@bgcdoorcounty.org