



Payment Plan Agreement Form

Purpose/Category: _____ **Student Name(s):** _____

Total Remaining Balance: _____ **Full Balance Due By:** _____

I, the undersigned parent, step-parent, or legal guardian of the above-mentioned student, agree to make the following payments on or before each "Payment Date" and for the agreed upon "Payment Amount" as listed below. I understand I am solely responsible for the entirety of the balance due.

I understand that \$25-per-month late fee(s) will be applied to each late payment. The LREBB may choose to waive a late fee if payment is received within 4 weeks of its due date. The LREBB may waive or delay late payments if a family contacts us to explain valid reasons for being late on payments.

I understand that my student(s) must be current on payments for prior program registration fees (including late fees) in order to register for the "next" program. This applies to both marching band and Winterguard.

I understand that my student(s) must be current on payments for prior program registration fees (including late fees) in order to register for LREBB Social Events (e.g. band banquet) and non-required Band Trips (e.g. Disney Trip). (The band director determines which trips are required or non-required).

I understand that this payment plan agreement remains in effect until the entire balance (including late fees) is paid-in-full OR until it is superseded by a new signed payment plan agreement.

Payment Date	Payment Amount	Payment Method*
		Auto-payment (Card on File)
		Auto-payment (Card on File)
		Auto-payment (Card on File)
		Auto-payment (Card on File)

*I agree to store a valid payment method (credit/debit card) in the LREBB's Square Online payment system, and I authorize the above automatic scheduled payments.

I agree to honor the payment plan and the terms and conditions of this plan as stated and understand that any unpaid balances may be turned over to collections.

Parent/Guardian Signature: _____ **Date:** _____

Contact Information -- Parent, Step-parent, Legal guardian

Name (print): _____ Primary Phone: _____

Address: _____ Primary Email: _____

Lake Ridge Eagles Band Boosters