YARMOUTH COMMUNITY SERVICES

Payment Plan Application

Agreement

We are pleased to offer an installment plan to help accommodate our participants and ensure all Yarmouth citizens can enroll and participate in Yarmouth Community Services (YCS) programs.

Name:_____ Phone:_____ Date: _____

Address:_____ Email:_____

1. Payment must be received in full by date(s) indicated below. Full payment must be made within **4** months.
2. Payments must be paid on a monthly basis unless otherwise stated.
3. If you must withdraw from a program, the YCS Refund Policy will apply
4. **New Payment Plan enrollments from the same household will not be accepted for subsequent programs if account balances are not paid in full according to this agreement. The Town of Yarmouth reserves all rights for collection and recovery of delinquent accounts.**
5. No interest will be charged on accounts paid under the terms of this agreement.
6. **A $10 late fee applies to all payments made after the date(s) agreed upon below.**
7. Every applicant must call-in with a credit card number, send in the credit card charge form, or make payment by cash or check toward this balance.

Payment Schedule

Registration Total Due	Initial Payment (25%)	2nd Payment	3rd Payment	Final Payment
$	$	$	$	$
		Due by:	Due by:	Due by:
		Paid on:	Paid on:	Paid on:

The undersigned agrees to the above terms and conditions for Payment Plan registration in Yarmouth Community Services programs. In addition, the undersigned has provided Initial Payment (25%) and agrees to pay the remainder of the balances due as scheduled above.

Applicant signature _____ Date _____

YCS staff signature _____ Date _____

PAYMENT PLAN—SUBSEQUENT PAYMENTS

YARMOUTH

COMMUNITY
S E R V I C E S

Name:_____

Address:_____

City/State:_____ Zip:_____ Phone:_____

Payment Amount $ _____

For Credit Card Payment: ☐ MasterCard   ☐ Visa   ☐ Discover   Expiration Date: _____

Credit Card Number: _____   3-digit Card Verification Code: _____

Required Signature: _____   Date: _____

For Check Payment: Check # _____

PAYMENT PLAN—SUBSEQUENT PAYMENTS

YARMOUTH

COMMUNITY
S E R V I C E S

Name:_____

Address:_____

City/State:_____ Zip:_____ Phone:_____

Payment Amount $ _____

For Credit Card Payment: ☐ MasterCard   ☐ Visa   ☐ Discover   Expiration Date: _____

Credit Card Number: _____   3-digit Card Verification Code: _____

Required Signature: _____   Date: _____

For Check Payment: Check # _____

PAYMENT PLAN—SUBSEQUENT PAYMENTS

YARMOUTH

COMMUNITY
S E R V I C E S

Name:_____

Address:_____

City/State:_____ Zip:_____ Phone:_____

Payment Amount $ _____

For Credit Card Payment: ☐ MasterCard   ☐ Visa   ☐ Discover   Expiration Date: _____

Credit Card Number: _____   3-digit Card Verification Code: _____

Required Signature: _____   Date: _____

For Check Payment: Check # _____