



**Yarmouth Community Services
200 Main Street
Yarmouth, ME 04096**

Payment Plan Policy

Agreement

We are pleased to be able to offer an installment plan in order to help accommodate our participants and insure that 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 drop a program, please notify YCS prior to the starting date. A refund will be issued. If you drop after the first class, you must contact YCS prior to the second class meeting to receive a 50% refund less a \$5.00 handling fee. **No refunds will be issued after the second class meeting. Participants will be responsible for the remainder of the payments if YCS is not notified of cancellations.**
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. A onetime processing fee of \$20.00 (upon registration) will apply to payment plans. **If the applicant gives YCS permission to charge the credit card listed below for scheduled monthly payments, the \$20.00 processing fee will be waived.**
6. **In the event that two consecutive monthly payments are not made, a monthly payment will be charged automatically to your credit card.**
7. Interest on delinquent accounts will accrue at 10% per month on all outstanding balances after the final scheduled due date.
8. Every applicant must provide a valid credit card number and **authorize YCS to charge to that account**, should their account not be paid in full 4 months from the agreement date.

Payment Schedule

Registration Subtotal	Total Due	Initial Payment (25%)	Processing Fee (circle one)	Balance Due
\$ _____	\$ _____	\$ _____	\$20 OR Waived	\$ _____

Monthly Payment Amount \$ _____ Due Date _____

Monthly Payment Amount \$ _____ Due Date _____

Monthly Payment Amount \$ _____ Due Date _____

The undersigned agrees to the above terms and conditions for Payment Plan registration in Yarmouth Community Services programs. In addition, the undersigned has provided, and authorizes YCS to charge a valid credit card to be used in the case that the account becomes delinquent (no payments made within 2 months from the last listed due date).

Credit Card # _____

Exp. Date _____

Applicant signature _____

Date _____

YCS staff signature _____

Date _____

Automatic Payment Option
 _____ Initial & date _____
**here to authorize automatic
 monthly credit card
 payment.** 4.2013