**Manatee High school Band and Auxiliary**

# 2019-2020 Payment Plan Agreement

This payment plan agreement is made between the Manatee High School Band and

Name of Payee:

For the account of (student name):

Street Address:

City, State, Zip:

Phone:

Wherein the payee agrees to make payments to the Manatee High School Band in accordance with the terms (payee must set the terms based on your ability to pay) provided below:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Amount) to be received by the Manatee High Band on or before the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) every month, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of commencement of the payment) until the outstanding balance is paid in full which is as of now $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (outstanding balance).

The Manatee High School Band wants you as the payee to meet your financial obligation in a manner that works best for you and is willing to give you the time you need to complete the payment process. Please understand that if this payment agreement set by you is not met, the student may not be able to continue to participate with the band in the current year. The Manatee High School Band is obligated to turn the outstanding balance over to the Manatee High School Bookkeeper for collection and the end of every school year. Outstanding debt owed to the school will cause the student to be ineligible for school parking permits, prom tickets, etc. Also, an outstanding debt in the student’s senior year will cause the student to be ineligible to participate in the graduation commencement.

**Declaration: I have read the payment agreement and agree with all the terms. I have received a copy of the necessary documents and I am aware of the consequences of not meeting with the aforementioned accordance.**

Name of payee (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Band Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of MHSBABA Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Manatee High Band and Auxiliary**

# 2019-2020 Hard Ship Request

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you qualify for free and reduced lunch? Yes or No

Please circle what best suits your needs

1. Set up a weekly/bi-weekly/Monthly payment plan

1. I would like to save $200 on my band fees and volunteer in the concession stand for a minimum of 7 home events, as well as above average participation in fundraising events or securing your own sponsorship. (very limited availability)

**I agree that all the information I have given is correct and understand this information will be verified before given the approval for the hardship option**.

Please provide your suggested payment plan that meets your needs on the other side of this form. We have limited hardship approvals available so please do your best to list the shortest pay off time possible. If your hardship is approved, you will be notified via the email above along with a copy of your payment plan.



Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only:

|  |  |
| --- | --- |
| Approved? YES NO  | Director Initial:  |
| Date Processed: / /20  | Treasurer Initial  |