Evanston Youth Hockey Association, Inc
2906 Central St, #149
Evanston, IL 60201

Installment Agreement To Pay Debt

Date: _____.

To: _____.

This letter serves to confirm our agreement of _____, 20__, in which you acknowledge the outstanding overdue debt of $_____ to the Evanston Youth Hockey Association (EYHA). We agreed that you shall make consecutive (monthly / weekly) payments of $_____ until the debt is satisfied in full. We further agreed that EYHA would receive the first payment by _____, 20__ and each successive payment every _____ thereafter. At the bottom of this form is an area to populate your checking account information or credit card information for auto payments. If there are any issues with receipt of payment and subsequent fees are levied to EYHA, you agree to reimburse EYHA for these fees and provide a new form of payment within 7 days of the occurrence.

I sincerely appreciate your cooperation in resolving this matter. Finally, would you acknowledge our agreement by signing the enclosed copy of this letter and returning it to EYHA by mail, email or in person to an officer of Evanston Youth Hockey Association.

My signature below affirms my agreement to repay debt to EYHA

_____ _____
Signature Date

_____
Print Name

Checking

Bank Name: _____

Account Number: _____

Routing Number: _____

Credit Card

Credit card #_____ Exp. date _____ Panel code _____

Name on card: _____

Billing address: _____

Amount _____ Signature _____

Cardmember acknowledges receipt of goods and/or services in the amount shown herein and agrees to perform the obligations set forth in the Cardmember's agreement with the issuer.