Congregation Anshei Chesed

Payment Plan/ Obligation Waiver Request Form

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I owe Congregation Anshei Chesed the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**A. *I AM able to pay the above amount in full but request a deferred payment schedule as follows:***

I agree to pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****the above amount****)* to Congregation Anshei Chesed in equal monthly installments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month on the \_\_\_\_\_\_\_\_\_\_\_\_\_ day *(****insert day of month payments will be made****)* of the month beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(insert day/month/year of first payment)*** until the above balance is paid in full*.* **I understand that I must enclose head checks for this purpose.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**B. *I AM NOT able to pay my entire outstanding balance in full for reasons of financial hardship and I request that Congregation Anshei Chesed reduce such obligation as described below:***

I agree to pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****insert the amount you are able to pay****)* to Congregation Anshei Chesed in equal monthly installments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month for payable on the \_\_\_\_\_\_\_\_\_ day *(****insert day of month payments will be made****)* of the month beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****insert day/month/year of first payment)***until the above balance I agree to pay balance is paid in full***.* I understand that I must enclose head checks for this purpose.**

* **Although the information contained on this Form will be held in strict confidence, it may be disclosed in connection with evaluating your request.**
* **Any issues with a particular charge on your bill should be communicated with one the Treasurers.**
* **The Payment Plan / Obligation Waiver Request Form must be completed in full (as applicable) before it may be considered.**
* **No reasonable request will be denied**.

**I agree to satisfy my obligation to Congregation Anshei Chesed as set forth on this Payment Plan / Obligation Waiver Request Form.**

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

Signature                                                                                Date

**Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_                              By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Date: \_\_\_\_\_\_\_\_\_**