

Parks & Recreation Department 175 Northeast Road Standish, ME 04084

Phone: 207-642-2875 Fax: 207-642-8997

www.standishrec.com

## **PAYMENT PLAN AGREEMENT FORM**

Please fill out the credit card information and authorization below and return to us by mail or fax – **do not** email your credit card information.

| I,<br>Recreation Departr             |                | , agree to remit the       | e following payments to the Tov  | vn of Standish Parks 8 |
|--------------------------------------|----------------|----------------------------|----------------------------------|------------------------|
| Fund designation                     |                |                            |                                  |                        |
| Total Amount due:                    |                |                            |                                  |                        |
| Frequency Cycle of                   | f payment and  | d amount to be paid ( chec | k one)                           |                        |
| Weekly                               | \$             | per Week                   |                                  |                        |
| Monthly                              | \$             | Per Month                  |                                  |                        |
| Credit Card Numbe                    | er:            |                            | Expiration:                      |                        |
| Security Code on Ba                  | ack of Card: _ |                            |                                  |                        |
| I authorize the Tow balance is paid. | n of Standish  | Parks & Recreation Depar   | tment process debit entries to n | ny account, until my   |
| Signature of Cardholder:             |                |                            | Date:                            |                        |
| Billing Address Asso                 | ociated with C | redit Card:                |                                  |                        |
| Address:                             |                |                            |                                  |                        |
| City, State                          |                |                            | Zip:                             |                        |
| Phone Number:                        |                | Fm                         | azil:                            |                        |