



Payment Plan Agreement

This form is used to request the establishment of a payment plan. An e-mail confirmation will be sent to the cardholder as well as the volunteer to confirm the payment arrangements detailed on this form. Note: Program fee balances are due in full on the program due date regardless of payment plan.

Name of Participant _____

Participant's E-Mail _____

Name of Sponsor (if applicable) _____

Sponsor's E-Mail (if applicable) _____

Payment Information

Cardholder Name _____ Phone # _____
(As it appears on card)

Billing address of cardholder: _____

MasterCard / Visa / Amex / Discover (circle one) Credit Card # _____ / _____ / _____ / _____
Exp. Date ____ / ____ (MM/YYYY) Security Code: (3/4 digits) _____

Payment Plan Options (circle one):

Payment in Full Installment Plan

Proposed Payment Schedule:

\$USD, \$CAD or £GBP (circle one)

First payment date: _____ Amount of first payment: _____

Second payment date: _____ Amount of second payment: _____

Third payment date: _____ Amount of third payment: _____

Fourth payment date: _____ Amount of fourth payment: _____

I authorize Cross-Cultural Solutions to charge my credit card on said date(s) above for the said amount(s) above.

Cardholder Signature: _____ Date: _____
(MM/DD/YYYY)

This form must be signed and faxed to: 1-914-632-8494.

If the program should be cancelled at any time, it is the responsibility of the Cardholder to contact the Finance Department to terminate the terms of this agreement.

For internal use only: Date Received _____