



Extended Payment Plan Request for 2024

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

E-mail address: _____

Daytime Phone: _____ Cell Phone: _____

SPRAI Address if different from above: _____

Request (check one):

Length of Payment Plan: 4-Months 5-Months 6-Months 7-Months

Rules:

1. No extended payment plans for the 2024 Assessment will be granted after **April 30, 2024**.
2. This form must be completed in its entirety and e-mailed to **finance@clubsienna.com**.
3. Once the form is received, we will create a payment plan agreement and e-mail it to you for signature.
4. Payment plans are not effective until we receive a signed agreement. We will send confirmation upon receipt.
5. If you have an outstanding balance from previous years, or if you have defaulted on a payment plan in the past two years, you may not qualify for an extended payment plan. If you do not qualify for an extended plan, we will contact you by e-mail.

Payments will have the following fees built in:

Interest on principal balance at 0.83% per month

Payment plan fee of \$25 per month