Extended Payment Plan Request for 2027

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. All 2027 payment plan requests must be received by **April 30, 2027**.
2. All payment plans must be paid off by **October 31, 2027.**
3. All requests received/granted after **April 5, 2027**, are **NOT** eligible for the 7-month agreement.
4. This form must be completed in its entirety and e-mailed to **finance@clubsienna.com**.
5. Once the form is received, we will create a payment plan agreement and e-mail it to you for signature.
6. **Payment plans are not effective until we receive the signed agreement back.** We will send confirmation upon receipt.
7. 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 $30 per month