

**REUTILIZATION PAYMENT PLAN AGREEMENT
(AUTOMATIC WITHDRAW)**

Date: _____

I, _____, have agreed to enroll in the automatic payment plan withdraw. I understand that this payment plan is set up for _____ months. My payment of \$_____ will be due on the _____ of every month. Please charge my debit/ credit card each month on the date that the payment is due. The plan will go in effect immediately and the payment will be taken out on the following month and every month thereafter until the invoice is paid in full.

If there has been a change in my income or I cannot afford to pay the agreed monthly amount, I understand that I will need to contact the billing coordinator to review my payment plan agreement.

My debit/ credit card information is below:

Card Holder's name: _____

Card's Number: _____ - _____ - _____ - _____

Expiration Date: _____ _____
Month Year

If the account information that we have on file changes before your invoice is paid in full, please contact us at 314-289-4272, so that we may update your account information. . You must contact us within 14 days before the next scheduled payment is due. You will be mailed an invoice quarterly showing payments that have been posted to your account and the current amount due.

X _____
Participant's Signature or Legal Guardian

X _____
Billing Department or AT Staff