

SPRING CREEK SAGINAW HOA

PAYMENT PLAN REQUEST FORM

Name on Account: _____

Address: _____

Email Address: _____

Reason for requesting a payment plan:

Terms of payment plan (must include specific dates and amounts for payment – all payment plan terms are subject to Board of Directors approval):

By submitting this request form, I agree to pay the balance on my account and also agree to keep current on my payment plan. I understand the Association will pursue legal action to collect the debt if I default on the payment plan, and that I will be responsible for all legal fees associated with the collection. I acknowledge and understand this is an attempt to collect a debt, and any information obtained will be used for that purpose.

Homeowner Signature: _____ Date: _____

(Homeowner does not complete this section)

Board comments: _____

Approved by the Board: ___ Yes ___ No Date of Decision: _____

Date of Homeowner Notification: _____