

CONGREGATION ANSHEI CHESED
PAYMENT PLAN/ OBLIGATION WAIVER REQUEST FORM

I, _____, acknowledge that as of _____, I owe
Congregation Anshei Chesed the sum of \$_____.

A. I AM able to pay the above amount in full but request a deferred payment schedule as follows:

I agree to pay \$_____ (the above amount) to Congregation Anshei Chesed in equal monthly installments of \$_____ per month on the _____ day (insert day of month payments will be made) of the month beginning on _____ (insert day/month/year of first payment) until the above balance is paid in full. **I understand that I must enclose head checks for this purpose.**

B. I AM NOT able to pay my entire outstanding balance in full for reasons of financial hardship and I request that Congregation Anshei Chesed reduce such obligation as described below:

I agree to pay \$_____ (insert the amount you are able to pay) to Congregation Anshei Chesed in equal monthly installments of \$_____ per month for payable on the _____ day (insert day of month payments will be made) of the month beginning on _____ (insert day/month/year of first payment) until the above balance I agree to pay balance is paid in full. **I understand that I must enclose head checks for this purpose.**

- Although the information contained on this Form will be held in strict confidence, it may be disclosed in connection with evaluating your request.
- Any issues with a particular charge on your bill should be communicated with one the Treasurers ([Payments AT AnsheiChesed. com](http://PaymentsATAnsheiChesed.com)).
- The PAYMENT PLAN / OBLIGATION WAIVER REQUEST Form must be completed in full (as applicable) before it may be considered.
- No reasonable request will be denied.

I agree to satisfy my obligation to Congregation Anshei Chesed as set forth on this PAYMENT PLAN / OBLIGATION WAIVER REQUEST FORM.

Signature

Date

Approved _____

By: _____

Date: _____