



Alpha Phi Alpha Fraternity, Inc.

Xi Lambda Chapter

Card Payment Form

Brother Name: _____

Alpha Account #: _____

Phone Number: _____

Email Address: _____

Chapter/Date of Initiation: _____

Worksheet to determine payment amount:

	I was financial with ΞΛ for at least one year since 2008	I have NOT been financial with ΞΛ since 2007
ΞΛ Chapter Dues (Annual)	\$350	\$350
ΞΛ Housing Assessment (One-Time)	-	\$250
Total Payable to ΞΛ Chapter	\$350	\$600

Payment schedule – Plan must complete by October

Payments	ΞΛ Dues Only	ΞΛ Dues + ΞΛ HA
1	\$357.00	\$612.00
2	\$178.50	\$306.00
3	\$119.00	\$204.00
4	\$89.25	\$153.00
5	\$71.40	\$122.40
6	\$59.50	\$102.00
7	\$51.00	\$87.43
8	\$44.63	\$76.50
9	\$39.67	\$68.00
10	\$35.70	\$61.20

Miscellaneous Notes

- The above includes two processing fees: ΞΛ Dues Only (\$7.00), ΞΛ Dues + ΞΛ HA (\$12.00)
- This form is for ΞΛ Chapter assessments only and DOES NOT account for Grand Tax or the General Organization’s Housing Assessment (initiated prior to 1986).
- College initiated brothers receive a 50% discount on their chapter dues the first year immediately after graduation and a 25% discount the second year.

EA Card Payment Agreement. You agree to have Xi Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. charge your credit/debit card for financial assessments. You understand that your card will be charged according to the date chosen on this form. You understand that you are responsible for any fees that occur as a result of insufficient funds in your account. This agreement will be in effect until you submit a cancellation request to the Financial Secretary of the Xi Lambda Chapter. Annual dues not paid in full cannot be rolled over into a new fiscal year.

You will only be considered financial in Xi Lambda Chapter if you: (a) have paid your annual dues in full and have a zero balance or (b) have an executed preauthorized payment agreement on file scheduled to end before October of the referenced fiscal year.

Any Brother may lose his privilege to utilize a credit or debit card to make payment if

- Their credit card is declined twice within one fiscal year **or**
- Their credit card is declined in two consecutive fiscal years **or**
- They are non-responsive to the communications of the Finance Team for 30 days and make no attempt to rectify their payments

I agree to enrollment in this payment plan (initials): _____

Signature: _____

Today's Date: _____

Mailing Address: _____

Plan Start Date: _____

Number of Payments: _____

Amount to be charged: _____

Card Issuer: VISA Mastercard American Express Discover

Card Number: _____

Expiration Date: _____ **Security Code:** _____