



**Faculty / Staff Dining Club
EZ Pay Plan
Fall 2009 – Spring 2010**



The EZ Pay Plan provides for the purchase of a traditional meal membership on an installment basis, rather than requiring payment in full at the time of sign up.

Last Name: _____ First Name: _____ M.I. ____ Eagle ID/UIN #: _____

Home Address: _____

City: _____ State: ____ Zip Code: _____ Home Phone #: _____

Cell Phone #: _____ E-mail: _____

Please place a check mark next to the meal membership you have chosen. Listed below are the dates when your installments are due.

THESE PAYMENTS WILL BE AUTOMATICALLY CHARGED TO YOUR CREDIT CARD ON THE DUE DATES BELOW, UNLESS WE HAVE RECEIVED A CHECK OR CASH PAYMENT PRIOR TO THE DUE DATE.

Check One:	Meal Plans	1st Payment 8/15/2009	2nd Payment 9/15/2009	3rd Payment 10/15/2009	4th Payment 11/15/2009	5th Payment 12/15/2009	6th Payment 1/15/2010	Total
	Faculty 50	\$45.67	\$45.67	\$45.67	\$45.67	\$45.66	\$45.66	\$274.00
	750 Faculty	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$125.00	\$750.00

Circle One: Visa MasterCard

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Cardholder Phone Number: _____

Cardholders Billing Address: _____

Cardholder Signature: _____ Date: _____

*The above signature authorizes ARAMARK/Eagle Dining to charge the above listed credit card for monthly payments of this contract.

*Credit Card charge will appear in the name of ARAMARK.

I understand that if I do not make installment payments by the dates outlined above my credit card listed above will be charged in accordance with the dates above. If my credit card account has been declined or denied by the credit card company, my meal membership will be suspended and finance charges may apply to any late payments due to declined or disputed credit cards. Expired meals over any suspension period will not be refunded or returned, and you will be responsible for payment on any used unpaid portion of your meal membership. Card member agrees to pay total in accordance with agreement governing use of such credit card. In the event of default of payment, the undersigned agrees to pay reasonable attorney's fees, legal expenses and lawful collections costs in addition to all other sums due hereafter.

Signature: _____ Date: _____