

**FEE ACKNOWLEDGEMENT FORM -  
(Payment Schedule)**

I, \_\_\_\_\_ the undersigned, hereby confirm and acknowledge to Alpha Sigma Phi Fraternity, Alpha Rho Chapter, NJ, that I am in agreement for the following monthly fees of

\$\_\_\_\_\_ dollars

to be paid on the 25<sup>th</sup> of each month from

\_\_\_\_\_ to \_\_\_\_\_ of the year \_\_\_\_\_.

This amount may be increased by any and all charges by Alpha Sigma Phi Fraternity, Alpha Rho Chapter, NJ, such as but not limited to late fees, penalties and bank charges. These charges will be communicated in writing when or where applicable.

I furthermore acknowledge that I have no argument with said fees which are due on the 25<sup>th</sup> of each month for the period for which I am solely responsible. This also means that I acknowledge that there are no defenses should Alpha Sigma Phi Fraternity, Alpha Rho Chapter, NJ decide to use this legal form in a court of law as a confession to judgment - where legally permissible.

Signed on this \_\_\_\_\_ day, of the month \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Student & Social Security Number