

**CHI CHAPTER OF KAPPA PSI
PAYMENT PLAN AGREEMENT**

I, _____, a P-____ member of Chi Chapter of Kappa Psi
Pharmaceutical Fraternity, Inc, agree to pay for _____
in the following amounts, on the following dates:

Date(s)	Amount	Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount: \$ _____

Signature

Date

Treasure Init.