



Payment Plan Agreement

2019-2020

2959 Royale Elk Way
Evergreen, CO
303-670-1070
www.rmae.org

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Parent Name(s): _____

Student Name(s): _____

Account Balance: _____

Down Payment Amount: _____

Monthly Payment Amount: _____

Months Payment Due: _____

I promise to satisfy my Rocky Mountain Academy of Evergreen account balance by paying the down payment and monthly payment amounts listed above. All monthly payments are due by the last day of the month. The account balance must be paid in full by 12/31/19. I certify that I have read and fully understand the conditions and terms of this agreement as stated on the Payment Plan Agreement.

By: _____ Date: _____

Please return completed form to dkelley@rmae.org
Contact Deb Kelley with questions at 303-670-1070 or dkelley@rmae.org