

**Bethlehem Area School District
Food Service Department
1170 Fernwood Street
Bethlehem, PA 18017**

**Food Service
Repayment Agreement**

Date: _____

Name: _____

Address: _____

Amount Due: \$ _____

I _____ agree that I have an outstanding balance due to the Bethlehem Area School District Dining Service Department in the amount of \$ _____ as of _____ (date).

Terms of the Agreement

1. I will pay 15% of the current negative balance due, upon confirmation of the request, for a repayment plan. The amount due today is \$ _____.
2. I will pay \$ _____ monthly, which is 10% of the current negative balance, until my bill is paid in full.
3. The monthly amount of \$ _____ is due on or before the 15th day of the month beginning on _____.
4. This repayment plan is for incurred meal debt.
5. Negative account balances will be forwarded to a collection agency in accordance to board policy if parent and/or guardian fail to adhere to the repayment plan. The parent/guardian will be responsible for all costs associated with the collection activity.

(Payer) _____ Date _____

(Payee) _____ Date _____



Bethlehem Area School District

Meal Charge Repayment Plan

Parents and/or Guardians who receive a negative account balance letter for their child's meal account can ask to set up a repayment plan thru the Dining Services Office. Below outlines the minimum repayment schedule that can be offered. Accelerated payment plans or paying more than the minimum amount required is strongly encouraged.

1. 15% percent of the current negative account balance is due immediately upon confirmation of request for a repayment plan.
2. 10% percent of the current negative account balance will be required monthly.
3. This repayment plan is for incurred meal debt.
4. Negative account balances will be forwarded to a collection agency in accordance to board policy if parent and/or guardian fail to adhere to the repayment plan. The parent/guardian will be responsible for all costs associated with the collection activity.