



Madison County Public Library Contract for Payment of Materials Charges

Patron's Name _____, _____, _____
Last Name First Name Middle Name

Original Charges \$ _____

Dynix # (for Unique _____) Initial Payment \$ _____

Library Card # _____ Remaining Charges \$ _____

I agree to resolve my debt to the library by making **regular payments on my account**. The initial payment represents 10% of the total due on my account.

I further agree to pay \$ _____ monthly on this account until my balance is \$0.00.
(\$5.00 minimum)

I understand that I will be allowed to check out five items as long as my account is kept current. Any new charges accrued will need to be paid immediately. The regular monthly payment will still be due on the date indicated.

Important: Please Read

I understand that my library privileges will be suspended until my account is paid in full if I fail to make a scheduled payment or acquire new charges that are not paid. I also understand that my account may be referred to the library's collection agency, Unique Management Systems if these payments are not made.

Patron Signature _____ Date _____

Address _____

Primary Phone _____ Secondary Phone _____

Staff Name _____ Date _____

Monthly payment Due on _____

MCPL Berea Location: 986-7112

MCPL Richmond Location: 623-6704