



2010-2011 MONTHLY DIRECT PAYMENT AGREEMENT

I, _____ authorize Keystone Montessori Charter School, Inc. and the financial institution named below to initiate entries to my checking/savings account. Keystone Montessori is authorized to initiate this transaction in payment of the agreed to amount of tuition and/or extended care for the following child(ren):

_____ (child's full name)
_____ (child's full name)
_____ (child's full name)

I am signing up for automatic Direct Payment. I agree that Keystone Montessori may automatically issue a direct payment from my bank account in the agreed amount as indicated below. I can cancel this automatic payment at any time by advising Keystone Montessori of my change in payment method and completion of associated documentation. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Automatic payments will be made as agreed in the 2010-11 Enrollment Contract. Please check all that apply:

- | | | |
|------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| <u>Toddler</u> | <u>Children's House</u> | <u>Elementary</u> |
| <input type="checkbox"/> Half Day (8:30am-11:45am) \$735 | <input type="checkbox"/> Half Day (8:30am-11:45am) \$665 | <input type="checkbox"/> Before School (7am-8:30am) \$65 |
| <input type="checkbox"/> School Day (8:30am-2:45pm) \$865 | <input type="checkbox"/> School Day (8:30am-2:45pm) \$810 | <input type="checkbox"/> Before/Aftercare (7am-5:30pm) \$290 |
| <input type="checkbox"/> All Day (7:00am-5:30pm) \$990 | <input type="checkbox"/> All Day (7:00am-5:30pm) \$925 | <input type="checkbox"/> Aftercare (3:00pm-5:30pm) \$250 |

Draft the full annual amount less the 5% discount on August 1, 2010

*****PLEASE ATTACH A VOIDED CHECK TO THIS FORM*****

Name of Financial Institution _____ **Branch** _____

City _____ **State** _____ **Zip Code** _____

Signature _____ **Date** _____

Name – Please Print _____

Address – Please Print _____

Phone # _____ **Email Address** _____

(Please circle one) **Checking** **Savings** **Account No.** _____
(attach voided check)

Financial Institution Routing Number _____
(between these symbols 1: 1: on bottom left of your check)

Office Use Only

Received by (Staff initials): _____ **Date:** _____

A \$25 reprocessing fee will apply to all returned bank drafts