

**MONTHLY AUTOMATIC PAYMENT AGREEMENT
2007 EXTRACURRICULAR ACTIVITY FUND**

I, _____ authorize Keystone Montessori Charter School, Inc. and the financial institution named below to initiate entries to my checking/savings account or charge my credit card listed below. Keystone Montessori is authorized to initiate this transaction in payment of the pledged Extracurricular Activity amount indicated below.

Automatic Payments will be made on or about the 15th of each month starting in the month of _____ and ending in the month of _____ in the amount of \$ _____ per month for my total donation of \$ _____.

Signature

Date

Bank Draft Option

I am enrolling in 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 Keystone Montessori 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.

Name of Financial Institution

Branch

City

State

Zip Code

Name – Please Print

Address – Please Print

Account No.

Checking

Savings

(Please circle one)

Financial Institution Routing Number

(between these symbols 1: 1: on bottom left of your check)

Credit Card Option

I am enrolling in automatic payment. I agree that Keystone Montessori may automatically charge my credit card account in the agreed amount as indicated below. I can cancel automatic payment at any time by advising Keystone Montessori of my change in payment method and completion of associated documentation. This agreement remains in effect until canceled by Keystone Montessori, my bankcard company or me.

Credit Card #

Exp. Date

Credit Card Holder's Name

Credit Card Holder's Signature

Billing Address

City

Zip Code