AUTHORIZATION FOR DIRECT PAYMENT

All Stars Montessori is pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. And, you won't have to change your present banking relationships to take advantage of this service.

The Direct Payment Plan can help you in several ways:

- Save time – fewer checks to write
- Meet your commitments in a convenient and timely manner – even if you're on vacation or out of town
- Maintain good credit – no lost or misplaced statements, your payment is always on time
- Save on postage
- Easy to sign up for, easy to cancel
- No late charges

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments from your checking or savings account. Then, just sit back and relax. Your payments are made automatically on the specified day and proof of payment will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to All Stars initiating the direct payment.

Initial payment amount: $_____ (if payment amount changes we will notify you at least 10 days before the regularly scheduled payment date)

Beginning on:_____(DATE) Payment will be deducted on Monday: (circle one)

Weekly Bi-Weekly Every Four Weeks Monthly (1st Monday of the month.)

☐ Check here to indicate that you authorize All Stars Montessori to add field trip and lunch charges to regularly scheduled auto-deduction.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize All Stars Montessori and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I provide written notification to cancel it in such time as to afford the financial institution a reasonable opportunity to act on my request. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

_____
(NAME OF FINANCIAL INSTITUTION) (BRANCH)

_____
(CITY) (STATE) (ZIP CODE)

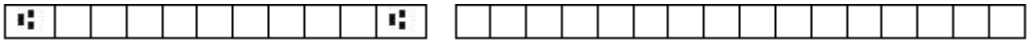
_____
(SIGNATURE) (DATE)

_____
(NAME – PLEASE PRINT)

_____
(ADDRESS – PLEASE PRINT)

☐ Checking or ☐ Savings

TRANSIT ROUTING NUMBER ACCOUNT NUMBER INFORMATION



PLEASE STAPLE A VOIDED CHECK TO THIS FORM