## **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 payme	ent amount: \$	(if payment amount changes the regularly scheduled pay	s we will notify you at least 10 days bef ment date)	ore
Beginning or	1:I	Payment will be deducted on Mo	nday: (circle one)	
Weekly	Bi-Weekly	Every Four Weeks	Monthly (1 <sup>st</sup> Monday of the month.)	
☐ Check here deduction.	to indicate that you auth	orize All Stars Montessori to add field tri	ip and lunch charges to regularly scheduled auto-	
	AUTH	ORIZATION FOR DIRE	CT PAYMENT	
request. I ca	nn stop payment o	f any entry by notifying my fi	n a reasonable opportunity to act on nancial institution three days before  (BRANCH)	
(CITY)		(STATE)	(ZIP CODE)	
(SIGNATURE)			(DATE)	
(NAME – PLEA	ASE PRINT)			
(ADDRESS – P	LEASE PRINT)		<del></del>	
☐ Checking	g or   Savings			
TRANSIT	ROUTING NUM	IBER ACCOUNT NUI	MBER INFORMATION	

PLEASE STAPLE A VOIDED CHECK TO THIS FORM