



Son-Shine Corner Preschool Direct Payment Plan

We are 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 relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time—fewer checks to write.
- Helps meet your commitment in a convenient and timely manner—even if you're on vacation or out of town.
- No lost or misplaced statements, your payment is always made on time—it helps maintain good credit.
- It saves postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the **10th** of each month. Proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until :

- You notify us in writing to terminate the authorization.
- OR-
- You no longer have ANY children enrolled in SSC programs AND you have made your final payment. (Note: If you are a current SSC family and are re-enrolling for fall classes or adding additional children to the program, your authorization will remain in effect as authorized below.)

You will continue to receive an invoice via email with the amount that will be deducted from your account (this amount will include monthly tuition and any additional charges for Extended Care). Submit your authorization form prior to the 20th of the current month, and automatic withdrawal will begin with your next invoice!

Note: You may stop payment of any entry by notifying your financial institution three days before your account is charged.

(Retain Top Portion for your records. Detach and return authorization form below to Cheryl Grabowski.)

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Son-Shine Corner Christian Preschool (SSC) and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I: 1) notify SSC in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it, OR , 2) terminate enrollment in all SSC programs and pay final invoice. 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: _____

Signature: _____ Date: _____

Name (PRINT): _____

Address (PRINT): _____

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____ (bottom left of your check)

Staple Voided Check Here