

DESCRIPTION OF REVISED PREPAY/AUTOPAY PROGRAM

The **PREPAY DISCOUNT PROGRAM** is for those who "pre-pay" (pay before the month begins): When you auto pre-pay through the school by the **15th of the prior month**, you get to **deduct \$10.00** from your monthly amount due. In order to qualify for the monthly prepayment discount, payments must be set up on school's new *automatic* check payment option by the specified day. **It is now available for parents wishing to set up bi-weekly or monthly payments during the current month! Please complete below and return it to the office.**

Please note: There is no additional bank fee from either the school or your financial institution for this service.

PARENT/GUARDIAN AGREEMENT FOR PREAUTHORIZED / DISCOUNTED TUITION PAYMENTS

I (we) authorize Creative Frontiers School, hereinafter called SCHOOL, to initiate recurring debits to my (our)
[] Checking [] Savings account (select one) indicated below, hereinafter called FINANCIAL INSTITUTION:

FINANCIAL INSTITUTION'S NAME: _____

CITY: _____ STATE _____ ZIP _____

TRANSIT#/ABA #: _____

ACCOUNT # _____

These recurring transactions are to begin on the _____ (day of month) of _____ (month) 200__ (year)

and reoccur (please circle option): monthly / weekly / bi-weekly: _____ thereafter in the amount

of \$ _____ . _____ until _____ or until I / we instruct Creative Frontiers to stop deductions.

I also authorized school to amend my monthly transaction rate if I formally change my child's schedule.

In this case, the rate will adjust according to the current fees as with the same payment terms noted above.

I (we) further authorize my FINANCIAL INSTITUTION to credit **Creative Frontiers School** checking account number 0118-184-423 at Wells Fargo Bank, Citrus Heights, CA for this recurring dollar amount.

This authority is to remain in full force and effect until your FINANCIAL INSTITUTION or SCHOOL has received reasonable written notification (within their time frame) from me (or either of us) of its termination in such a manner as to afford your FINANCIAL INSTITUTION or SCHOOL a reasonable opportunity to act on it.

PARENT/GUARDIAN'S NAME(S): _____ DATED: _____ / _____ / 20 _____

Street Address: _____ City: _____ State: _____ Zip: _____

SIGNED _____ CHILD(REN)'S NAME(S) _____