

Central Park School for Children
724 Foster Street, Durham, NC 27701
919-682-1200 FAX 919-683-1261

AFTER SCHOOL PROGRAM
AUTOMATIC BANK DRAFT AUTHORIZATION FORM
FOR PREARRANGED PAYMENTS (DEBITS)
August 2010 - May 2011

Name(s) of Child(ren) _____

This is my authorization for Central Park School for Children to automatically debit my
___checking or ___savings account for the annual cost of After School care,
divided into ten equal monthly payments.*

Please draft my account monthly for After School Tuition as follows:

1 child:	5 days \$155 _____	4 days \$125 _____	3 days \$95 _____
2 children:	5 days \$295 _____	4 days \$240 _____	3 days \$185 _____
3 children:	5 days \$435 _____	4 days \$355 _____	3 days \$275 _____

Early Release Days are included at no extra charge. Fees include sibling discounts.

I need a tuition receipt issued ___monthly or ___ twice yearly, January & July.

For students drafted last school year with no account changes:

(skip the bank information section below; sign and date at bottom to authorize continuing drafts.)

Please continue my draft for After School

For students who were not drafted last school year, or who need to change accounts:

(please include a voided check for verification of account number and ABA number)

Please initiate automatic debits for After School tuition from the following account:

Account number _____ Bank Transit / ABA number 053 _____
at (bank name) _____ in (city) _____, NC.

I understand this authorization will be in effect for the school year noted at the top of this form, or until I notify Central Park School for Children that I no longer desire this service, allowing it reasonable time to act on my notification. I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying Central Park School for Children before the amount is charged. I have the right to have the amount credited to my account within 15 days (45 days after posting, whichever occurs first) provided I have given Central Park School for Children written notification of such an event.

Date _____

PLEASE PRINT Parent or Guardian name(s)

NOTE: Insufficient Funds Fees: \$25.00

Repeated return of tuition payments will require cash or a cashier's check for future payments.

Signature 1

Signature 2

**Monthly debits will occur at the beginning of each month for the 10-month period of August to May.
(No sooner than the first, no later than the tenth.)*

If you have questions or concerns, contact Tonya or Karen in the Business Office, 919-682-1200