



To: Commonwealth-Parkville School, ATTN: DIANA MORALES,
(e-mail: dmorales@cpspr.org) Fax: 787-764-3809

Re: **ROLL OVER** direct debit payment plan contract

Please roll over the existing contract I have with Commonwealth-Parkville School for the payment of the tuition and fees of my child/children for the school year 2012-2013. I understand that the total amount owed including \$100.00 payment plan fee will be divided in ten months and debited from my bank account number stated below beginning on June 2012 and ending in March 2013.

A document with detailed information of the tuition and fees to be debited from my account will be mailed by you two weeks after you receive this document.

Parent Name (please print clearly): _____

Student Name and Grade: _____

Parent's signature: _____

Student ID Number: _____

Today's Date: _____

PLEASE MARK IF THE ACCOUNT TO BE DEBITED IS NOT IN THE NAME OF THE CPS PARENT AND YOU AUTHORIZE TO DEBIT THE ACCOUNT PROVIDED.

PLEASE MARK THE BOX IF YOUR CHILD WILL BE IN THE **PKS AFTER SCHOOL PROGRAM** \$1,000.00 each student. Include in contract.

PLEASE MARK THE BOX IF YOUR CHILD WILL BE IN THE **PKS-CHS TRANSPORTATION SERVICE** \$950.00 BOTH WAYS. Include in contract.

If bank information has changed from this year, please fill out below:

Bank's Name: _____

Bank's account number: _____

Bank's Routing number: _____

Payee's name/Company Name (if applicable) _____

I will **not** use the ten month direct debit plan for the academic year 2012-2013.

Parents Name (please print clearly): _____

Parent's signature: _____

CPS Account number: _____

Date: _____