

K.E.E.P., Inc. Financial Contract

I understand that all tuition payments are due to the K.E.E.P., Inc. main office by the close of business (4:30pm) on the 20th of each month preceding service. Payment will not be accepted at any school site. If payment in full is not made before 4:30 PM on the last day of that same month, a \$25 late fee will be added to your account. Any account balance not paid in full by the start of programming on the 1st will be charged to the credit/debit card provided in this financial contract. Should the credit/debit card be declined, services will be immediately terminated. In order for services to be re-instated, account balances must be paid in full, including a \$50 re-instatement fee. _____(Initial)

I understand that a non-refundable security deposit will be applied to the last month of service, if and only if, notification is received in writing by the 15th of the month prior to the last month of service and my account is current. Application of my deposit does not relieve me of the balance of the monthly charge. (EXAMPLE: notification would be required by October 15th for a November 30th withdrawal or security deposit is forfeited.) _____(Initial)

** No notification is necessary if the deposit is to be applied to the June payment.
(Project/Vernon/Kinder K.E.E.P)

Payment Options*:

You may pay your monthly tuition on-line at www.keepkids.org -click on **Finance** and then **Payments**.

You may also authorize the K.E.E.P. Financial Department to automatically charge your credit/debit card monthly. If you choose this option, please initial here and provide your card information below. _____(Initial)

You may also pay by cash, check, or money order.

***Please Note: A 2% surcharge will be added to all credit/debit card payments.**

My credit/debit card information below is to be used only for default purposes, unless auto-payment has been selected above, and will be kept secure and not shared with the public or any other agency. This section MUST be completed by all clients!

Credit/Debit Card # _____ Exp. _____

Security Code _____ Please Circle: Visa Mastercard Discover American Express

Name on Account: _____

Billing Address for this Card: _____

Signature(s) Of Person(s) Responsible for Payment:

_____ Date _____

_____ Date _____

I have read the above Financial Contract, as well as the K.E.E.P., Inc. Financial Policies and Additional Policies as outlined in the K.E.E.P., Inc. Handbook and agree to and accept all of the terms outlined therein.

Signature _____ Date _____

Please Print Above Name _____