

***Please fill out and return with contract**

BENTON ACADEMY
P.O. Box 308
Benton, MS 39039
(662) 673-9722
2018-2019 School Year

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (BANK DRAFT)

Parent(s)/Guardian(s) Name: _____

Bank Name _____

Transit/ABA # _____

Account # _____

Type of Account: (please check one) _____ Checking _____ Savings

Number of students paid by draft _____

Student(s) Name(s) _____ Grade _____

_____ Grade _____

_____ Grade _____

I would like for you to draft my account on:

_____ 1st of the month _____ Yes, draft \$50 for Harvest Carnival, for 6 months

_____ 15th of the month _____ No, do not draft \$50 for Harvest Carnival, for 6 months

_____ 1/2 on the 1st and 1/2 on the 15th

_____ Draft all fees (Book and Activity Fee, Athletic Fee, Building Fund and Yearbook) from my account. Benton Academy will notify you prior to the deadline of these fees.

_____ Draft all Daycare Charges and Bus Charges on the 15th of the month from my account. Benton Academy will notify you with the amount prior to the draft.

I, (we), hereby authorize Benton Academy, hereinafter called "School", to initiate electronic debit entries to my (our) Checking or Savings account as indicated above and the depository name above, hereinafter called "Bank", to debit the same such account. **I, (we), agree to furnish the school a voided check to initiate this process.**

This authority is to remain in full force and effect until school and bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford School and Bank a reasonable opportunity to act on it.

Signed _____ Date _____

Signed _____ Date _____

Please include a VOIDED CHECK with this form.