

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

BENTON ACADEMY
P.O. Box 308
Benton, MS 39039
(662) 673-9722
2021-2022 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 _____ 12 Month draft _____ 10 Month draft _____

Please check yes/no if your student(s) participates in Jr High or High School Athletics:

Athletics	Student(s) Name(s)	Grade
Yes _____ No _____	_____	_____
Yes _____ No _____	_____	Grade _____
Yes _____ No _____	_____	Grade _____

I would like for you to draft my account on:

_____ 1 st of the month	_____ Yes, draft \$50 for Harvest Carnival, for 6 months
_____ 15 th of the month	_____ No, do not draft \$50 for Harvest Carnival, for 6 months
_____ 1/2 on the 1 st and 1/2 on the 15 th	

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

_____ Draft all Daycare 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.