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

BENTON ACADEMY P.O. Box 308 Benton, MS 39039 (662) 673-9722
2024-2025 School Year

PLEASE CHECK THE PAYMENT OPTION OF YOUR CHOICE:

Pay in Full_____ **Pay ½ (1st Semester & 2nd Semester)**_____ **Monthly Bank Draft**_____

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENT (Bank Draft)

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

Bank Name:_____

Transit/ABA #:_____

Account #:_____

Type of Account: (please check one) _____Checking _____Savings

_____**12 MONTH DRAFT** _____ Yes, draft $75 for Harvest Carnival, for 6 months
_____ No, do not draft $75 for Harvest Carnival, for 6 months

Number of students paid by draft_____

		Amount
Student Name(s)_____	Grade_____	_____
Student Name(s)_____	Grade_____	_____
Student Name(s)_____	Grade_____	_____

I would like for you to draft my account on:

_____ 1st of the month
_____ 15th of the month
_____ ½ on 1st of the month and ½ on the 15th
_____ Draft all fees (Book and Activity Fee, Athletic Fee, Building Fee, Yearbook, Technology fee, and PTO Fee) from my account. Fees will be drafted on the dates due per the fees schedule.

Please list children participating in athletics: (6th Grade – 12th Grade)
Student Name_____
Student Name_____
Student Name_____

_____ Draft all Daycare Charges on the 15th of the month from my account. Benton Academy will notify you prior to the deadline of these fees.
_____ 2K Nutritional Fee 1st of the month $30.00 (August – May)

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. Bank drafts will be on the 1st and 15th of each month. $50.00 will be charged on payments after the 15th and insufficient draft payments. Drafts returned more than 3 times during the year will be removed from the draft and tuition must be paid by cash or cashier check only one month in advance.**

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.