

*****Please fill out, include a VOIDED CHECK and return this form with contract*****

BENTON ACADEMY, P.O. BOX 308, BENTON, MS, 39039 School year 2026-2027

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT (12 Month Bank Draft)

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

Bank Name: _____

Transit/ABA #: _____

Account #: _____

Number of students paid by draft _____

Student Name(s)	Grade	Student will participate in athletics (3 rd – 12 th grade only)
_____	_____	YES _____ NO _____
_____	_____	YES _____ NO _____
_____	_____	YES _____ NO _____

CHECK ONE OF THE FOLLOWING FOR TUITION

Pay in full due by August 1st, Pay ½ due before the start of each semester

_____ Pay in Full _____ Pay ½(1st semester & 2nd semester) _____ Monthly Bank Draft

Account type to draft: Checking _____ or Savings _____

DRAFT OPTIONS, CHECK ONLY ONE OF THE FOLLOWING TO BE DRAFTED

_____ 1st of the month (1 draft for full month tuition each month)

_____ 15th of the month (1 draft for full month tuition each month)

_____ ½ month tuition on the 1st and ½ on the 15th (2 drafts for full month tuition each month)

CHECK ALL OF THE FOLLOWING YOU WOULD LIKE TO HAVE DRAFTED

_____ Harvest Carnival- Draft my account for \$83.34 for 6 months, (I do **NOT** wish to sell raffle tickets)

_____ All fees (Book & Activity, Athletic, Building, Yearbook, Technology, & PTO fees) Fees will be drafted on the due dates per the fees schedule.

_____ Daycare Charges on the 15th of the month. B.A. will notify you prior to the deadline of fees.

_____ 2K Nutritional fee. 1st of the month \$60.00 (August – May)

_____ Patron participation if not participating (Work day, concession stand duties)

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, overdraft charge will increase to \$100.00 each occurrence.**

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 _____