

JACKSON PREPARATORY SCHOOL
P. O. BOX 4940
JACKSON, MS 39296-4940

AFTERSCHOOL
AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS
(BANK DRAFTS)

PARENT/S NAME: _____

BANK NAME _____

BANK TRANSIT/ABA # _____
(Coded numbers at bottom left of check)

BANK ACCOUNT # _____

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____
(Please check one)

NUMBER OF STUDENTS PAID BY DRAFT _____

STUDENTS' NAME _____ GRADE _____

_____ GRADE _____

_____ GRADE _____

I (We) hereby authorize Jackson Preparatory School Foundation, Inc. hereinafter called School, to initiate electronic debit entries to my (our) Checking or Savings account indicated above and the depository named 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: _____

Signed: _____

Date: _____

ATTACH VOIDED CHECK HERE