

AFTER SCHOOL CARE 2018-2019

Pre-authorized Payment (Debit) Service Authorization Agreement For After School Care

Oktibbeha Educational Foundation, Inc.
Starkville Academy
505 Academy Road
Starkville, MS 39759

Please attach a voided check as well as your August 2018 payment of \$87.50.

I (we) authorize STARKVILLE ACADEMY and the financial institution listed below to electronically debit my (our) Checking Savings Account specified below on the 5th of the month for After School Care.

This draft will be 9 payments beginning September 2018 through May 2019 for the amount of \$87.50 per month.

Bank Name

Bank Address

City

State

Zip Code

Bank Transit / ABA Number

Account Number

This authority is to remain in full force and effect until the end of the current school year or until STARKVILLE ACADEMY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford STARKVILLE ACADEMY a reasonable opportunity to act on it. A copy of this Authorization Agreement will be provided by STARKVILLE ACADEMY, upon request, to the BANK and/ or patron.

Patron's Name (Please Print)

Student(s) Name(s)

Grade (s)

Signature

Date

Special Note:

Any returned draft will be charged a return fee and will be re-drafted on the 18th of the month along with the return fee.

Any draft returned after the 18th of the month will be charged a return fee as well.

The amount of the return fee will be stated in the student handbook for the current school year.