

**MADISON-RIDGELAND ACADEMY**  
**7601 OLD CANTON ROAD**  
**MADISON, MS 39110**  
**PHONE: 601-856-4455**  
**FAX: 601-853-3835**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS**

SCHOOL YEAR \_\_\_\_\_ DRAFT DATE (CIRCLE ONE): 1<sup>ST</sup> 15<sup>TH</sup>

PARENT NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
CITY/ST/ZIP \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_  
CITY/STATE \_\_\_\_\_

\_\_\_\_\_  
ABA# (BANK ROUTING NUMBER) CHECKING/SAVINGS ACCT. #

I hereby authorize the above named Financial Institution to pay my:

Monthly Tuition \$ \_\_\_\_\_ for \_\_\_\_\_ months  
Monthly Daycare \$ \_\_\_\_\_ for \_\_\_\_\_ months  
Monthly Capital \$ \_\_\_\_\_ for \_\_\_\_\_ months  
Summer Daycare \$ \_\_\_\_\_ for \_\_\_\_\_ months

And any other monies owed by me to Madison-Ridgeland Academy, by charging each payment to my account and to make that deduction payable to the order of Madison-Ridgeland Academy. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing to Madison-Ridgeland Academy. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution and Madison-Ridgeland Academy prior to charging my account. I understand, however, that both the Financial Institution and Madison-Ridgeland Academy reserve the right to terminate this payment plan (or my participation therein). I understand that a returned check fee of \$25.00 will be charged for any draft returned by the bank for any reason.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NOTE: A NEW BANKDRAFT AUTHORIZATION FORM AND VOIDED CHECK MUST BE SUBMITTED EACH YEAR AND WHENEVER THERE IS AN ACCOUNT CHANGE.

**A VOIDED CHECK MUST BE ATTACHED HERE WITH  
THE NAME AND ACCOUNT NUMBER OF THE PERSON WHO SIGNED  
ABOVE PRINTED ON IT.**