

Bank Draft Authorization Form

I (we) hereby authorize Jackson Academy, Inc. to initiate debit entries (charges) to my (our) account indicated below and to debit the same to such account for tuition and other charges for the following student(s):

NAME

GRADE

Financial Institution:

City:

State:

Account Number:

****PLEASE ATTACH A VOIDED CHECK****

Account Type: Checking Savings

This authority is to remain in full force and effect until Jackson Academy and my financial institution have received written notification from me (or my spouse) of its termination in such time and in such manner as to afford Jackson Academy and my financial institution a reasonable opportunity to act on it.

I (or my spouse) have the right to stop payment of a debit entry by notification to my financial institution at such time as to afford my financial institution a reasonable opportunity to act on it prior to charging my (our) account. After an account has been charged, I (or my spouse) have the right to have the amount of an erroneous debit immediately credited to my account by my (our) financial institution, provided I (we) send written notice of such debit entry in error to my (our) financial institution within 15 days following issuance of the bank account statement or 45 days after posting, whichever occurs first.

Name:

(As it appears on financial institution records)

Social Security No.

Name:

(As it appears on financial institution records)

Social Security No.

_____ Date

_____ Address

Signature of Account Holder(s)

_____ Telephone

**** PLEASE REMEMBER TO ATTACH A VOIDED CHECK ****