

Direct Debit Agreement

Name _____ SSN: _____

Financial Institution Information

Name: _____ Routing Number: _____

City: _____ State: _____ Zip: _____

Account #: _____ Checking _____ Savings _____

Authorization

I hereby authorize SIMMONS FIRST NATIONAL BANK to initiate direct debit entries to my checking/savings account indicated above and the Financial Institution above to post the same to such account.

This authorization is to remain in force until SIMMONS FIRST NATIONAL BANK receives written notice of cancellation from me (see below). This notice of cancellation must be received at least 30 days prior to cancellation and in such a manner as to afford SIMMONS FIRST NATIONAL BANK reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by SIMMONS FIRST NATIONAL BANK prior to the receipt of the notice of cancellation.

I further authorize SIMMONS FIRST NATIONAL BANK to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.

All entries initiated hereunder are to be governed in all respects by the rules of the ACH National Automated Clearing House (NACH) as now or hereafter in effect.

The new debit amount for each new school year will be sent to you and posted on our website by May of each year.

I understand that \$ ___ will be debited on the (5th) ___ and/or (20th) ___ of each month, PK-3 program starting in*August ending in May and PK-4 thru 8th grade starting in June and ending in May. If you need your debit stopped please contact the school office at 501-565-3855. All hold on drafts need to be made 48 hours in advance of the draft date.

Please attach a voided check

Signed: _____ Date: _____

Cancellation

I hereby cancel the authorization for SIMMONS NATIONAL BANK to originate direct debit entries to my checking/savings account indicated above, effective on _____.

Signed: _____ Date: _____