

**J.E. Cosgriff Memorial Catholic School
SCRIP MONTHLY STANDING ORDER
CARD REQUEST FORM
2011 / 2012 School Year**

One way to conveniently purchase SCRIP is to have a standing monthly order. You simply indicate the amount (a minimum of \$225) you wish to order, choose the cards from the selection below, and complete the SCRIP Standing Order Withdrawal Authorization form on the back of this page. The amount you indicate will be withdrawn from your account on the 15th of the month. Your SCRIP will be available for pick-up at the SCRIP table the next business day. Or if you request, your SCRIP will be sent home with a student the next business day.

New Monthly Standing Order Request **Change to Existing Monthly Standing Order**

A. **I wish to automatically order my monthly SCRIP in the amount of \$_____ (monthly)** (\$225 monthly minimum). I understand that these funds will be withdrawn from my account on the 15th of the month, beginning in August and ending in May and that my SCRIP order will be available for pick-up on the 1st business day following the 15th withdrawal. In the event that the 15th falls on a non-banking day, the debit will be processed on the next available business day.

B. Indicate the quantity of each SCRIP card you would like monthly:

_____ \$100 Dan's	_____ \$50 Dan's	_____ \$25 Dan's
_____ \$100 Fresh Market	_____ \$50 Fresh Market	_____ \$25 Fresh Market
_____ \$100 Harmon's	_____ \$50 Harmon's	_____ \$25 Harmon's
_____ \$100 Smith's	_____ \$50 Smith's	_____ \$25 Smith's
_____ \$100 Whole Foods		_____ \$25 Whole Foods
_____ \$100 Target		_____ \$25 Target
_____ \$250 Wal-Mart	_____ \$100 Wal-Mart	_____ \$25 Wal-Mart
_____ \$25 Starbucks		

C. Select one:

I will pick up my cards at the scrip table.
 Send my cards home with my student: _____

D. Oldest Student _____
(first) (last)

E. Parent Signature _____ **Date** _____

Please allow 7 business days for your request to be processed.

**J.E. Cosgriff Memorial Catholic School
SCRIP PARENT PARTNERSHIP PROGRAM
STANDING ORDER WITHDRAWAL BANK AUTHORIZATION FORM
2011 / 2012 School Year**

Please complete form and **ATTACH A VOIDED CHECK.** (DO NOT attach a deposit slip)

New Authorization Request

**Change to Existing Authorization Request
(requires 7 business days)**

\$_____ Monthly Amount

Name (as shown on bank account)

Address

City

State

Zip

Home Phone

Daytime Phone

Oldest Student Name / Grade

Financial Institution

Checking_____ OR Savings_____

Transit Routing Number (9 digit bank #)

Bank Account Number

I authorize J.E. Cosgriff Memorial Catholic School to automatically deduct monthly SCRIP charges from the above referenced account. I understand this authorization will remain in effect until I provide written notice of termination in such time and in such manner as to afford J.E. Cosgriff Memorial Catholic School a reasonable opportunity to act on it (minimum of 7 business days notice prior to effective date). I understand that it is my responsibility to notify J.E. Cosgriff Memorial Catholic School of any change in student(s) enrollment. I understand that J.E. Cosgriff Memorial Catholic School reserves the right to terminate this service at any time.

Signature (required for validation)

_____/_____/_____
Date

Terms of service: Debits will be made on the 15th business day of each month, beginning August and ending May of each school year the student(s) is enrolled unless that day falls on a weekend or other bank holiday. In the event that the 15th falls on a non-banking day, the debit will be processed on the next available business day. J.E. Cosgriff Memorial School is not responsible for bank account charges, NSF or other bank fees, or overdrafts caused by automatic transactions. J.E. Cosgriff Memorial Catholic School will assess a \$20.00 NSF FEE on all transactions returned for non-sufficient funds.