



MONTHLY SCRIP PURCHASES Authorization Agreement for Preauthorized Payments

Family Name _____ ID Number _____

I (we) hereby authorize **Mary Immaculate School**, herein after called SCHOOL, to initiate debit entries from my (our) checking account indicated below, at the depository named below, herein after called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Total Monthly Amount _____ Beginning _____ Ending _____

Scrip Cards to be delivered monthly:

RETAILER	QUANTITY	CARD VALUE	TOTAL PURCHASE

This authorization is to remain in full force and effect until SCHOOL has received written notification from me (or either of us) of the termination in such time and in such manner as to afford SCHOOL and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

Date _____ Signed (X) _____

Date _____ Signed (X) _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH BLANK VOIDED CHECK WITH MONTHLY SCRIP PURCHASE FORM