

J.E. Cosgriff Memorial Catholic School
SCRIP BANK WITHDRAWAL AUTHORIZATION FORM
2016-2017 School Year

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

NEW Authorization Request

Authorization Request UPDATE

\$_____ 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.