



Parish of Saints Joachim and Anne Shakopee Area Catholic School

SCRIP Automatic Withdrawal Enrollment

Authorization for Preauthorized Debits for Scrip Purchases

I/We authorized the Shakopee Area Catholic School to initiate debit entries to my/our account at their financial institution, for the purpose of accomplishing the following preauthorized SACS Scrip Purchases.

(Please Print)

Name (s): _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

Effective Date: _____

Please take the following contributions from the account specified:

Checking Account (attach voided check) Savings Account (attach deposit slip)

My financial institution: _____ Branch: _____

Phone: _____ City: _____ State: _____

Routing # (between these symbols | : |): _____
Account #: _____
A voided check or savings deposit slip must be attached

FREQUENCY: (circle one) WEEKLY MONTHLY
Weekly debits will be processed on Thursdays. Monthly debits will be processed on the 1st or the 15th of the month. Please circle your choice.

Amount of Purchase: _____
All items will be sent out through the SACS Scrip Office.

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. Law.

I/We understand that this authorization will remain in full force and effective until the SACS Scrip Office has received written notification from me (or either of us) of its termination. A fourteen-day notice of intent to terminate is required to afford the SACS Scrip Office and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Authorized signature on account: _____ Date: _____
(If joint account, both signatures are required.)

_____ Date: _____

Please return this form and a completed order form to the SACS Scrip Office. Call (952) 445-3387 x140 with any questions.