

Parish of Saints Joachim and Anne

Shakopee Area Catholic School

SCRIP Automatic Withdrawal Enrollment Form

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	n the account specified:
[] Checking Account (attach voided check)	[] Savings Account (attach deposit slip)
My financial institution:	Branch:
Phone:City:	State:
Routing #	Account #:
A voided check or savings deposit slip mu	ist be attached.
FREQUENCY: (circle one) WEEKLY	BIWEEKLY MONTHLY
Weekly and Biweekly debits will be processed on month. Please circle your choice.	Thursdays. Monthly debits will be processed on the 1st or 15th of the
Amount of Purchase:	
•	dual terms and conditions, which are not modified by this authorization. transactions must comply with the provisions of U.S. Law.
written notification from me (or either of us) of	nain in full force and effective until the SACS Scrip Office has received its termination. A fourteen-day notice of intent to terminate is required to 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 for	orm to the SACS Scrip Office. Call (952)445-3387 x140 with any questions.
2700 17th Avenue East Shakopee, MN 55379	Phone: (952) 445-3387 Fax: (952) 445-7256 www.sacsschools.org