



Check Deposit Consent Form

Student Name: _____

_____ I give my permission to my child's scholarship provider, St. Francis de Sales School, to deposit checks from the EdChoice Scholarship program, for my child, without my signature. I acknowledge the following:

- This decision may be withdrawn at any time by contacting the Finance Office
- I am not required to agree to this Check Deposit Consent Form in order to continue to participate in the EdChoice Scholarship program.
- I can review payments made from the Scholarship program by contacting the Finance Office.

_____ I do not give permission to my child's scholarship provider, St. Francis de Sales School, to deposit checks from the EdChoice Scholarship program without my signature. When informed that a payment has arrived, I will come into the school and sign the check at my earliest convenience.

Parent / Guardian Signature: _____

Witness Signature: _____

Date: _____