

GROCERY SCRIP BANK DEBIT AUTHORIZATION
2009/2010 SCHOOL YEAR

Name(s) _____

I/We hereby authorize Gesher Jewish Day School to execute monthly debits against my/our checking account according to my/our signed order for scrip.

This authorization is to remain in place for the current school year.

Signature _____ Date_____

Signature _____ Date_____

Special Instructions

___ Check here if the bank account to be debited is the same as last school year.

___ Check here and attach a blank check marked "Voided" if this is a first time bank drafting or if the bank account to be debited is different from last school year.

Attach voided check here