Check Deposit Consent Form

I give permission to my child's scholarship provider(s), ***St. Ursula Academy*** *("Provider")*, to deposit checks to such Provider from the Ed Choice Scholarship Program for my child without my signature. I acknowledge the following:

- My consent herein may be withdrawn at any time by completing the bottom part of this form.
- I voluntarily provide this consent and am not required to agree to this section of the form in order to participate in the scholarship program. I can choose to continue signing my child's scholarship checks.
- I can view payments made from my child's scholarship through the parent portal on the Ohio Department of Education's website.

I hereby agree to indemnify, defend, and hold harmless ***St. Ursula Academy*** against any and all costs, expenses, damages, liabilities, or claims, including reasonable fees and expenses of counsel which ***St. Ursula Academy*** or the Diocese of Toledo may sustain or incur by reason of following the directions I have given herein.

Name(s) of students:

_____ _____

Parent /Guardian Signature Date

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Withdraw Approval for Scholarship Check

I hereby withdraw my permission to my child's Provider which allowed the Provider to deposit EdChoice Scholarship checks without my signature, and in doing so, I chose to sign the EdChoice Scholarship checks in-person.

_____ _____

Parent /Guardian Signature Date