RECURRING SCRIP ORDER FORM

NAME: DATE: PHONE # ( )

Vendor	Denomination	Qty	Total
RETAIL			
RESTARANTS			
TRAVEL AND ENTERTAINMENT			
Order Totals			

Payment Method (please circle one): Bill Pay Automatic Withdrawal Check/Money Order

Frequency of Payments (please circle one): 1st Monthly Order 2nd Monthly Order Both

Method of receiving order (please check one option):

_____ I agree to pick-up at Seton (please circle one) Seton Elementary Middle School

_____ Send home with my child Name_____ Room Code_____

Signature of Parent/Guardian Date

WWYW

Child's Name_____ **Room Code**_____

Child's Name_____ **Room Code**_____

Child's Name_____ **Room Code**_____

Scrip Office Hours: Mon-Thuri 8:00am - 3:00pm; **Phone:** 764-5418; **Fax:** 277-0015; **Email:** office@setonschool.com

Thank You for Supporting Our School!