

## **Check Deposit Consent**

I give permission to my child's scholarship provider(s), <u>School</u> ("Provider"), to deposit checks to such Provider from the EdChoice scholarship for my child without my signature. I acknowledge the following:

- My consent herein may be withdrawn at any time by completing the <u>Withdraw Approval for Scholarship Checks Form</u>.
- 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 <u>School</u> and to hold it harmless against any and all costs, expenses, damages, liabilities, or claims, including reasonable fees and expenses of counsel which <u>School</u> or the Diocese of Columbus may sustain or incur by reason of following the directions I have given herein.

Student Name: \_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Catholic Diocese of Columbus | Office of Catholic Schools 197 East Gay Street, Columbus, Ohio 43215 education.columbuscatholic.org