



THE DIOCESE OF COLUMBUS

Check Deposit Consent

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

- My consent herein may be withdrawn at any time by completing the Withdraw Approval for Scholarship Checks Form.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

Parent /Guardian Signature:

Date:
