



THE DIOCESE OF COLUMBUS

Check Deposit Consent

I give permission to my child's scholarship provider(s), _____ **School** ("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- My consent herein may be withdrawn at any time by completing the Withdraw Approval for Scholarship Checks Form.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 _____ **School** and to hold it harmless against any and all costs, expenses, damages, liabilities, or claims, including reasonable fees and expenses of counsel which _____ **School** 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: _____