

**Please print all information clearly**

**Note: Enrollment confirmation and instructions to access your eScrip account will be sent to the coordinator's email address; therefore, an accurate email address is required.**

**Coordinator Email:** \_\_\_\_\_

Organization Name (maximum number of 40 characters including spaces)

Organization Address

City

State

Zip Code

Organization Phone Number

Organization Fax Number

Program Coordinator Name

Coordinator's Daytime Phone

Shipping Address (no P.O. boxes, please)

City

State

Zip Code

Attention

Phone Number (for UPS)

Note: All of the above information is required to process your group's enrollment.

Note: Your organization must be a **NON-profit**. Please check the **ONE** box that applies for your organization.

**Public School**

Pre-School  Elementary  Middle  High

**Private School**

Pre-School  Elementary  Middle  High

**Parochial School**

Pre-School  Elementary  Middle  High

**Other Organizations**

Religious  Non-School Club  Sports League  Other

**EFT (Electronic Funds Transfer Deposit Authorization)**

All deposits are made electronically into your group's account. In order for us to verify the deposit of these funds into the correct bank and account, please include a copy of your organization's voided or cancelled check. (Please note: Deposit slips do not contain the necessary information.)

By signing below:

I (we) agree to the eScrip Program Terms and Conditions located at [www.escrip.com](http://www.escrip.com).  
I (we) hereby authorize Electronic Scrip, Inc. (ESI) to initiate deposits to the account indicated above.

Name of Authorizing Person (please print)

Signature of Authorizing Person

Date

**Important. For accurate payment: Attach a copy of your organization's voided check or a letter from your bank verifying your account information and mail to:  
ESI, P.O. Box 6988, Auburn, CA 95604-6988**

*Everyday Purchases...Extraordinary Results* **Coordinator's Hotline: 1-800-700-5655**