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## Deposit Authorization Form Ed Choice Payments

Parent: \_\_\_\_\_

Student name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, St. Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorization:

By checking this box, I hereby authorize Calvary Christian School to accept my funding from The Ohio Department of Education for the Ed Choice Program. I acknowledge that the check will arrive to the school in my name. The school will deposit each check with the words "Deposit Only" stamped on the back for the 2026-2027 academic year.

By checking this box, I agree to go to the Business Office once a month when checks arrive so that I may endorse the check for the school to deposit for the \_\_\_\_\_ academic year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorizing Parent)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Business Office)