

**ALEXANDER DAWSON SCHOOL**

New

Update

One Time

Cancel

**GROCERY CARD ORDER FORM 2016/2017**

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

**Customer Info:**

**Notes:**

Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone (Home): _____ Phone (Other): _____ Email: _____ Childrens' grades : _____	
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**Order Information:**

King Soopers / City Market Grocery Card	\$	_____
Safeway Grocery Card	\$	_____
Whole Foods Grocery Card (\$100 increments)	\$	_____
Niwot Market Gift Certificate (\$25 increments)	\$	_____
Sprouts Farmers Market Grocery Card ( \$25 or \$100 increments)	\$	_____
Natural Grocers/Vitamin Cottage Grocery Card (\$25, \$50, \$100)	\$	_____
	\$	_____

**Payment Information (select one):**

\_\_\_\_\_ **Direct Debit** Monthly orders only, complete back of this form

\_\_\_\_\_ **Check** Payable to Dawson Parent Association

**Distribution Method:**

\_\_\_\_\_ Mail to the address listed above

\_\_\_\_\_ Pick Up at the: LOWER SCHOOL MIDDLE SCHOOL UPPER SCHOOL

**RELEASE:** I hereby release Alexander Dawson School, its Parent Association and its members of any liability associated with this campaign. In the event cards are lost in the mail, I accept full responsibility for having cards delivered to me in this manner. I also agree to pay the total amount according to card issuer agreement. Orders will be processed during the first week of each month and charges will be made at that time.

Signature: \_\_\_\_\_

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

This form can be dropped off at the Lower, Middle or Upper School Office, or mailed to **Alexander Dawson School**, ATTN: Dana Thompson , 10455 Dawson Drive, Lafayette, CO 80026.

If you have any questions or need assistance with your order please contact Dana Thompson, danat@spectrallogic.com

# Dawson Parent Association Grocery Card Payment Form - 2016/2017 Direct Debit Authorization Form (ACH Payments)

Direct Debit is required from a checking account when you choose this option to pay for your monthly grocery cards. Payment will be debited from your checking account on or about the 1st of each month (according to the following schedule).

Please complete the authorization form and return the original with a voided check with your grocery card request form.

Direct debit payments must be from a checking account.

**Company Name: Alexander Dawson School, LLC - FEIN 94-3382726**

We hereby authorize Alexander Dawson School, LLC (Parent Association) to initiate debit entries to my (our) checking account indicated below at the depository financial institution named below and I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

<b>Name (s) on Account</b>		
<b>Print Name</b>		
<b>Signature</b>		<b>Date:</b>

<b>Depository Name</b>		<b>Branch</b>
<b>City, State, Zip</b>		
<b>Routing (ABA) #</b>		<b>Account #</b>

<b>Customer's Address</b>		
<b>City, State, Zip</b>		
<b>Home Telephone</b>		<b>Other Telephone</b>
<b>E-mail Address</b>		

**This authorization is valid for the following transactions:**

<u>2016/2017 school year</u>	<u>2017/2018 school year</u>
9/5/2016	9/4/2017
10/3/2016	10/2/2017
11/7/2016	11/6/2-17
12/5/2016	12/4/2017
1/9/2017	1/8/2018
2/6/2017	2/5/2018
3/6/2017	3/5/2018
4/3/2017	4/2/2018
5/1/2017	5/7/2018
6/5/2017	6/4/2018
7/3/2017	7/2/2018
8/7/2017	8/6/2018

**If you have any questions or need assistance with your order please contact:**

**Dana Thompson, [danat@spectrallogic.com](mailto:danat@spectrallogic.com)**