

Check Deposit Consent Form

I give permission to my child's scholarship provider, **St. Michael School**, to deposit checks to such Provider from the EdChoice Scholarship Program for my child without my signature. I acknowledge the following:

- This consent form is valid for the 2025-2026 school year.
- My consent herein may be withdrawn at any time by completing the bottom section of this form.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 on a monthly basis.
- 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, defend, and hold harmless **St. Michael School** against any and all costs, expenses, damages, liabilities, or claims, including reasonable fees and expenses of counsel which **St. Michael School** or the Diocese of Toledo may sustain or incur by reason of following the directions I have given herein.

Name of Students Eligible for the Scholarship:

_____	_____
_____	_____
_____	_____

Parent/Guardian Signature

Date

Withdraw Approval for Scholarship Check

I hereby withdraw my permission to my child's Provider, St. Michael School, which allowed the Provider to deposit EdChoice Scholarship checks without my signature, and in doing so, I chose to sign the EdChoice Scholarship checks in person each month.

Parent/Guardian Signature

Date