

SKDS SCRIP STANDING ORDER FORM

Name of Individual Purchasing Scrip

Address of Individual Ordering

Phone Number

Dollar Amount

Please select frequency of order

- Weekly
- Every other week
- 1st of the month
- 15th of the month
- 1st and 15th of the month

Pick up / delivery information

- Pick up at Church
- Delivery in Family Scrip Envelope
- Other

SCRIP STANDING ORDER REQUEST

Name of Store	Denomination	How Many	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I request SKDS Scrip to order the above “Standing Order” at the time I have specified. I understand that SKDS Scrip orders my Scrip in advance, for my convenience. I agree to pay for my “Standing Order” when it arrives. I also understand that I may cancel or change the “Standing Order” at any time. If I wish to order any Scrip in addition to my “Standing Order”, a regular order form must be filled out, and payment must accompany that order. All checks are to be made payable to SKDS Scrip.

Signed