



**ShopwithScrip**



**Gift Card Fundraiser/Tuition Reimbursement  
PrestoPay Disclaimer Form**

Fill out this form if you would like to use PrestoPay, our vendor, Great Lakes Scrip's (GL) electronic debit system from your checking account.

Print Name of PrestoPay account holder/signator: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

PrestoPay is a convenient way for you to pay for your order on-line, at the time you place your order. GL is accepting payment on behalf of St. Cletus Family School Association ("FSA") and St. Cletus' ShopwithScrip Program ("the program").

St. Cletus FSA and the program reserve the right to verify any information regarding the above-named account holder/signator to confirm their identity before granting final approval of their PrestoPay account.

St. Cletus FSA and the program reserve the right to deny access to or decline the use of PrestoPay to any family that is not in good standing with the program.

If any payment made through PrestoPay is returned or rejected for any reason including but not limited to, account closure, non-sufficient funds, etc., the following actions will take place:

1. If the family order has not been released by St. Cletus FSA, GL will cancel the family order and CHARGE St. Cletus FSA a bank charge of \$30.00. The family whose order it is will immediately reimburse St. Cletus FSA for the \$30.00 charge.
2. If the family order has been released by St. Cletus, GL will CHARGE St. Cletus FSA for the face value of the order, PLUS a bank charge of \$30.00. The family whose order it is will be responsible for the full amount of the order plus the \$30.00 and will immediately reimburse St. Cletus FSA.

If either of these scenarios takes place, the program coordinators will immediately lock-out the family's PrestoPay account.

I, the above named, agree not to hold St. Cletus FSA, St. Cletus School, or St. Cletus Parish responsible for monies owed by me due to insufficient funds from my PrestoPay account. I, further agree to pay all outstanding balances immediately to St. Cletus FSA.

Signed: \_\_\_\_\_

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