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

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