

## **Customer Instructions for Setting Up a Recurring Scrip Order**

(Order Form on next page)

Thank you for your interest in establishing a recurring order with Scrip. Hopefully once established, you'll find that it's an easy and painless way to support Medfield schools through Scrip.

The first step in the process is to set up the recurring payment with your bank.

- Please make the recurring payments payable to "MSSP", or "Medfield Schools Scrip Program" if the short-form is not accepted by your bank.
- In the first address line, please enter "Attn: Scrip Purchaser".
- The remaining address should read:  
14 Milliston Rd. PMB #104  
Millis, MA 02054
- When scheduling the payment date, please allow a minimum of two additional days to account for mail delivery or bank delays. (You may want to schedule payment on a Mon. or Tues. to ensure that we receive it by Fri.)

Once you have set up the recurring payment through your bank's automated bill payment service, either:

- drop off your completed Recurring Scrip Order Form, marked "Attn: Recurring Order Coordinator", into our Scrip Drop-off Box at Lords, or
- mail your completed form to:  
MSSP  
Attn: Recurring Order Coordinator  
14 Milliston Rd. PMB #104  
Millis, MA 02054

You may always change the merchant and/or denominations by contacting [RecurringScrip@medfieldcsa.org](mailto:RecurringScrip@medfieldcsa.org) prior to the order deadline. Please indicate whether you would like the change to be permanent, or just one-time for the next order.

If you have any questions, [send an email](#), or call Helen Dewey at 508-359-4029. Thank you again for your interest in supporting Medfield schools through Scrip!



FOR MSSP USE ONLY

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

Check Date & #: \_\_\_\_\_ Amount: \_\_\_\_\_

Recurring Order Coordinator Signoff & Date: \_\_\_\_\_

## Recurring Scrip Order Form

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Evening telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of first payment \* \_\_\_\_\_

\* Please allow a minimum of two additional days to account for mail delivery or bank delays. Make payments, **payable to "MSSP"**, with the following address: Attn: Scrip Purchaser  
14 Milliston Rd. PMB #104  
Millis, MA 02054

Frequency of Payments (please circle one):      Monthly      Biweekly      Weekly \*\*

\*\* Please be advised that if you select the weekly option, it will be necessary to make additional arrangements for all school vacation periods.

Anticipated duration of payments (please select one):      Indefinite      End-date: \_\_\_\_\_

Method of receiving order (please check one option):

- I agree to pick-up at Lords.
- My Neighborhood Captain (name) \_\_\_\_\_ will pick-up and
  - Arrange drop-off with me.
  - Drop off at \_\_\_\_\_ MAP.
- Please MAIL \*\*\* in my self-addressed STAMPED envelopes.

\*\*\* MSSP reserves the right to not mail items at their discretion and will notify you if this occurs.

Profits to benefit the following schools (circle maximum one per line):

Memorial      Wheelock      Dale      Blake      High School      MSSP      for months of: \_\_\_\_\_

Memorial      Wheelock      Dale      Blake      High School      MSSP      for months of: \_\_\_\_\_

Memorial      Wheelock      Dale      Blake      High School      MSSP      for months of: \_\_\_\_\_

### FOLLOWING ITEMS REQUESTED:

Merchant Name	Quantity.	Denomination	\$ Sub-total
<b>ORDER TOTAL =</b>			<b>\$</b>

I agree that MSSP will not be held accountable for lost or stolen certificates occurring during the transportation of said certificates to me.

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