



GRACE Home School Association

SCRIP PROGRAM AGREEMENT

GRACE Home School Association (referred to herein as “GRACE HSA,” “we,” “us,” and “our”) sponsors a scrip program which allows you to purchase scrip. The scrip you purchase through our program generates rebates from the participating retailers. These rebates can be used as a credit to your tuition account, and/or a gift to the program, or cash back to you.

The parties agree as follows: Rebates earned will be used in the following ways:

- a. 20 % will be retained for expenses of the GRACE HSA scrip program (NOT tax deductible)
- b. _____ % as tuition credit for the following family: _____
- c. _____ % as a charitable contribution to GRACE HSA (potentially tax deductible)*
- d. _____ % as a cash rebate to you (NOT tax deductible)**

Total: 100%

Our scrip program distributes rebates **approximately the 20th of each month before statements are emailed.** Cash rebates will be distributed once a year.**

**If your Scrip account is inactive for more than a year and you have not specifically designated the funds, your rebate will become a charitable contribution to GRACE HSA.*

***No cash rebates will be issued if your account has a balance due. Requests for a refund of rebates must be turned into the GRACE HSA office by **May 31**.*

With respect to your charitable contributions, we will provide you with all required acknowledgements under sections 170(f)(8) and 170(f)(17) of the Internal Revenue Code.

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your scrip and will reimburse GRACE HSA for any fees associated with insufficient funds. We reserve the right to lock your ShopWithScrip account pending repayment of insufficient funds and associated fees.

We make no representations or warranties of any kind with respect to the scrip. This agreement continues unless replaced by another and can be terminated by either of us upon 60 day’s advance notice to the other.

Please see our T.R.I.P Coordinator for information about your account if you decide to discontinue participation in the program.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser’s Signature: _____ (referred to herein as “you” and “your”)

Printed Name: _____ Date: _____

Phone: _____

ACKNOWLEDGED [GRACE HSA Authorized Signature]

Signature: _____

Printed Name: _____ Date: _____

August 23, 2019