

## Got Groceries?



IT'S SIMPLE -

If you shop King Soopers:

- Use your **Reloadable King Soopers** card. Your card is registered to St. Mary's Academy and every time you **RELOAD** - 5% goes to SMA!

OR

- Choose your store(s): **Natural Grocers by Vitamin Cottage, Safeway, Whole Foods, Tony's Market, and/or Sprouts.**

**Note:** You may also receive **King Soopers** gift cards each month if you prefer instead of reloading.

- Choose your amount: There is no additional cost to you and SMA earns 5 - 7% of all sales.
- Choose your payment method: Automatic bank withdrawal or credit card. Your account will be charged each month unless we receive written notice of changes or cancellation.
- Your grocery cards will be available for pick up on the first school day of each month.

**Use your KS card to PURCHASE GASOLINE** at all Kroger affiliated stores and gas pumps throughout the U.S. including Loaf and Jug.



Questions? Please contact Kathleen Hogan at [khogan@stmarys.academy](mailto:khogan@stmarys.academy) or 303-762-8300 x284.

**If you shop King Soopers please consider using the reloadable card for your gas and groceries.**

**Reasons to use King Soopers Reloadable cards:**

- Convenience - easy way to budget - put any amount you want on the card each month
- Use as a gas card for your HS student - ask for an extra card
- SMA doesn't pay bank fees which maximizes our return
- You reload the card at your convenience - you don't have to wait until the first of the month for new cards.

**If you choose to enroll in the Grocery Card Program, please complete each of the attached forms that are applicable:**

1. **Grocery Cards Standing Order Form With Automatic Withdrawal Authorization**  
Participants have the option of paying for their grocery certificates by automatic withdrawal from their bank account. There are minimal bank fees paid by SMA associated with this process. SMA receives close to the full 5 - 7% of the sale price if you choose this method.  
  
This form also provides us with your contact information; your store(s) of choice and the desired dollar amount of grocery certificates.
2. **Grocery Certificates Standing Order Form with Credit Card Authorization**  
Participants may also pay for their grocery certificates by credit card. There is a 2% transaction fee for this service and therefore the school receives only 3 - 5% of all credit card sales. This option allows you to still earn points/miles on your credit card.  
  
This form also provides us with your contact information; your store(s) of choice and the desired dollar amount of grocery certificates.
3. **Release Agreement Form**  
Complete this form only if you have a student in the Middle or High School and would like him/her to pick up your grocery certificates. Students may pick up in their school office. Lower School parents must pick up certificates in the Lower School office, as we cannot release the certificates to Lower School students. A new Release Agreement must be signed each school year.

**Forms turned in after the 15<sup>th</sup> of each month will be processed for delivery the following month.**

If you have any questions, please contact Kathleen Hogan or khogan@stmarys.academy  
or 303-762-8300 x 284.

**Thank you for your support in generating additional tuition assistance funds for SMA.**

**St. Mary's Academy**  
**Grocery Cards Standing Order Form**  
**with Credit Card Authorization**  
**2016-2017**

I hereby authorize St. Mary's Academy (SMA) to initiate credit card charges to the credit card described below in the amount of \$ \_\_\_\_\_ per month for participation in the SMA Grocery Card Program.

I understand that SMA will keep this Credit Card Authorization Form on file for the sole purpose of the purchase of grocery certificates, and shall charge the card only upon this, my written authorization.

This authorization agreement is to start on \_\_\_\_\_ and is to remain in effect until cancelled by the family with written notification to SMA. Notification to stop payments under this Credit Card Payment Plan must be received by SMA by the 15<sup>th</sup> day of the month for cancellation of the next month's order.

Name \_\_\_\_\_

Address (where credit card bill is received) \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Student Name \_\_\_\_\_ *Circle One:* Lower Middle High

*Circle One:* Visa MC Discover AMEX # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

STORE	AMOUNT
Natural Grocers by Vitamin Cottage (\$25 or \$100 cards)	\$
King Soopers (\$25 or \$100 cards) <b>**For monthly delivery only**</b>	\$
Safeway (\$25 or \$100 cards)	\$
Whole Foods (\$25 or \$100 cards)	\$
Tony's Market (\$25 cards)	\$
Sprouts (\$25 or \$50 cards)	\$

**Please note: Grocery Cards will continue to be processed monthly unless we receive written notice of changes or cancellation. Thank you!**

**St. Mary's Academy**  
**Grocery Cards Standing Order Form**  
**with Bank Account Automatic Withdrawal Authorization**  
**2016-2017**

I hereby authorize St. Mary's Academy (SMA) to initiate entries from the bank account and financial institution described below in the amount of \$\_\_\_\_\_ per month for participation in the SMA Grocery Card Program.

I acknowledge that the origination of ACH debits under this plan must comply with the provisions of U.S. law. I have read and hereby agree to the Terms and Conditions on the reverse side of this Authorization Agreement.

This Authorization Agreement is to start on \_\_\_\_\_ and is to remain in effect until cancelled by the family with written notification to SMA. Notification to stop payments under this Credit Card Payment Plan must be received by SMA by the 15<sup>th</sup> day of the month for cancellation of the next month's order.

Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Student Name \_\_\_\_\_ *Circle One:* Lower Middle High

Name as it appears on Account \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Name \_\_\_\_\_ **PLEASE ATTACH A VOIDED CHECK.**

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Signature \_\_\_\_\_

STORE	AMOUNT
Natural Grocers by Vitamin Cottage (\$25 or \$100 cards)	\$
King Soopers (\$25 or \$100 cards) <b>**For monthly delivery only**</b>	\$
Safeway (\$25 or \$100 cards)	\$
Whole Foods (\$25 or \$100 cards)	\$
Tony's Market (\$25 cards)	\$
Sprouts (\$25 or \$50 cards)	\$

**Please note: Grocery Cards will continue to be processed monthly unless we receive written notice of changes or cancellation. Thank you!**

## Terms and Conditions

Monthly payments for Grocery Card purchases may be deducted from a bank account through an automated clearing house (ACH) debit. To participate, a family must complete the Authorization Agreement and return it with a cancelled or voided check for the bank account from which your monthly payments will be withdrawn.

Monthly payments will most often be made on the 25<sup>th</sup> of each month. If the payment date falls on a weekend or banking holiday, the payment may be attempted on the next business day. A record of each payment made through the ACH Debit Payment Plan will appear on your bank statement.

This Authorization Agreement is to remain in effect until cancelled by the family with written notification to SMA. Notification to stop payments under this ACH Debit Payment Plan must be received by SMA by the 15<sup>th</sup> day of the month before the monthly payment is scheduled to be deducted from your account.

ACH debits refused by the bank will automatically be reprocessed again in five (5) days. ACH debits refused for a total of two consecutive months will result in automatic cancellation from the ACH Debit Payment Plan. The family may be subject to a returned payment fee.

If an erroneous debit is made to my account, I authorize SMA and the financial institution described in this Authorization Agreement to stop payment, reverse the entry, or make any adjustments necessary to my account to correct the erroneous entry.

**St. Mary's Academy is not responsible for bank errors.**

**Please keep a copy of this Agreement for your records.**

**HIGH SCHOOL AND MIDDLE SCHOOL ONLY**

**St. Mary's Academy  
Grocery Card Program Statement of  
Informed Consent and Release Agreement  
2016 - 2017**

I give permission for my child, \_\_\_\_\_, to receive the Grocery Cards that I have ordered through a 2015-2016 standing order with St. Mary's Academy. I understand that Grocery Cards are fully negotiable by anyone who has possession of the cards. By my signature below, I agree to assume all risks in connection with my child accepting the Grocery Cards. I acknowledge the risks including, but not limited to, the possibility that my child will lose the cards or the possibility that the cards are stolen while in my child's care at school.

I hereby release and discharge SMA, its employees and agents from all liability, claims or demands for any loss that may occur in connection with my child accepting delivery of the Grocery Cards.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_