

# SCRIP Gift Card Program 5 Account Change Form

Grand Haven Orchestra Boosters

**Current Members:** (For updated information and requested changes.)

Family Name: \_\_\_\_\_

SCRIP Gift Card Individual/Family Account #: \_\_\_\_\_

My phone number changed. The new # is: \_\_\_\_\_

My e-mail changed. The new one is: \_\_\_\_\_

Add my New Student \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Remove my Graduate (I still have kids in the program.)

Name: \_\_\_\_\_

Remove my Graduate and KEEP our account open.

We have no children in GHAPS but wish to continue purchasing SCRIP. I understand 100% of the proceeds will benefit the Orchestra Boosters' General Fund.

Remove my Graduate and close our account.

I have submitted all receipts for reimbursement. I understand any funds remaining in our family account will be rolled over into the Orchestra Boosters' General Fund.

I have read and understand the Program Policies as listed, and I agree to abide by these policies. I understand that the Orchestra Booster account funds can only be used for GHAPS related expenses. I understand and agree that any unused monies in my SCRIP account after 12 consecutive months of inactivity shall be donated to the Boosters General SCRIP Account.

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Signature

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Date