

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

I (we) hereby authorize HEARTLAND SOCCER ASSOCIATION, hereinafter called COMPANY, to send credit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to credit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name of Financial Institution

Address

City

State

(Routing/Transit Number)

Account Number

Type of Account

Checking  Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name

4 digit Heartland Referee ID number. This is NOT your USSF number. If you are new to Heartland, leave blank.

Signature

Date

### **PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM FOR VERIFICATION**

**\*\* PLEASE NOTE:** If no check is available (for example, a savings account), please attach a document issued by your bank that shows your NAME, BANK ROUTING NUMBER AND BANK ACCOUNT NUMBER.

