

**AUTHORIZATION AGREEMENT
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.

(Financial Institution Name)

(Address) (City-State) (Zip)

(Routing/Transit Number) (Account Number) Type of Acct: ___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 individual name)

(Print individual referee ID number if returning referee-If new to Heartland leave blank)

(Signature) (Date)

***PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM FOR VERIFICATION
If no check is available attach a document issued by your bank that
shows your name, bank routing number and account number***
