

Sun Country Regional Volleyball Association

Direct Deposit Authorization Form

Business Company Name: _____

Legal Name on W-9/Tax Return: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize Sun Country Regional Volleyball Association to deposit my pay directly into the bank account(s) listed below. I have attached a voided check for my checking account and/or deposit slip for my savings account(s), so bank transit and account numbers can be verified.

Upon notification, I authorize Sun Country Regional Volleyball Association to correct any erroneous payment or overpayment to my account by withdrawing funds in the amount of the excess payment.

This authorization remains in effect until Sun Country Regional Volleyball Association has received written authorization from me of its termination or change.

Authorized Signature: _____ Date: _____

Name(s) as it appears on each bank account: _____

Note: Funds can be deposited into one account or split between accounts as a dollar amount. For every account setup on direct deposit a voided check is a must to attached.

Financial Institution(s)/Account Numbers

1 Bank Name:	Account Type:		Deposit Amount:	
Routing Number:	Checking	Savings	Entire Check	Fixed Amount
Account Number:			\$	S

2 Bank Name:	Account Type:		Deposit Amount:	
Routing Number:	Checking	Savings	Entire Check	Fixed Amount
Account Number:			\$	S

ATTACH A VOIDED CHECK FOR EACH BANK ACCOUNT:

