

Sedgwick County Soccer Association (SCSA)
Pay Election Form (Direct Deposit)

***MUST ATTACH VOIDED CHECK OR DEPOSIT SLIP DOCUMENTING
BANK ROUTING NUMBER AND YOUR ACCOUNT NUMBER.**

Employees and Referees must have a bank account to receive electronic deposits.

<p>1. Contact Information:</p> <p>Print Name: _____</p> <p>Mailing Address: _____ City _____, State _____ Zip: _____</p> <p>Email: _____ Date of Birth: __/__/____ Phone: (____)____-____</p>
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<p>2. Select the account option with an "X" for your paycheck to be deposited:</p> <p><input type="checkbox"/> Checking *attach voided check OR <input type="checkbox"/> Savings</p> <p>Name of Financial Institution: _____</p> <p>Bank Account Number: _____</p> <p>Financial Institution Routing Number (must be 9 digits): _____</p>

I, the undersigned, authorize and request Sedgwick County Soccer Association (SCSA) to have my wages deposited directly to my bank account as indicated above. I authorize and request my Financial Institution to credit the same to my account. I agree that my Financial Institution is not responsible for the correctness of any direct deposits to my account by SCSA and shall not hold it liable for crediting my account accordingly.

I also authorize my Financial Institution, in the event an over-deposit is made to my account by SCSA, to debit my account and return to SCSA the amount of any such overage.

I understand that is authorization may be rejected or discontinued by SCSA at any time, in its sole discretion.

Signature: _____ Date: _____