

Authorization for CFIHOA to Direct Deposit Official's Paycheck

This authorizes Central Florida Ice Hockey Association, CFIHOA, to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the Account to post all such entries.

Referee Name: _____

Referee Address: _____

Bank Account

Account Type: (check one) Checking Savings

Bank Name

E-mail address: _____

Bank Routing # (ABA#)

Account #

Bank Branch Address:

Please attach a voided check for each account here.

This authorization will be in effect until the CFIHOA receives a written termination notice from myself and has a reasonable opportunity to act on it.

Print Your Name

Signature

Telephone Number

Date

IMPORTANT: This document must be signed by referees requesting automatic deposit of paychecks and retained on file by CFIHOA. Officials must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Please fill out and return to CFIHOA . Fax: 863-701-8866
Mail to: CFIHOA , P.O. Box 7307, Lakeland, FL 33807-7307

Questions: Please call Steve Herman: 863-701-7799
Treasurer, CFIHOA.