Pay Election Form (Direct Deposit)

***MUST PROVIDE VERIFICATION OF FINANCIAL INSTITUTION ROUTING NUMBER AND YOUR ACCOUNT NUMBER. VERIFICATION MAY BE VOIDED CHECK, DEPOSIT SLIP OR LETTER FROM FINANCIAL INSTITUTION.**

Referees must have a bank account to receive electronic deposits.

Contact Information:

Print Name: _____

Mailing Address:_____ City: _____ State ____ Zip _____

Email: _____ Date of Birth _ _/ _ _ / _ _ _ _ Phone:(___) _ _ _ - _ _ _ _

Account Information:

Select the account option with an "X" for your paycheck to be deposited.

_____ **Checking** **OR** _____ **Savings**

Name of Financial Institution: _____

Financial Institution Routing Number (must be 9 digits): __ __ __ __ __ __ __ __ _

Bank Account Number: _____

I, the undersigned, authorize and request Wichita Sports Forum (WSF), parent company, and/or Wichita Regional Soccer Association (WRSA) to have my payment 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 WSF or WSRA and shall not hold it liable for crediting my account accordingly.

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

I understand that this authorization may be rejected or discontinued by WSF or WSRA at any time, in its sole discretion.

Signature: _____ Date: _____