



## 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 WRSA 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 WSF or WRSA, to debit my account and return to WSF or WRSA the amount of any such overage.

There is a \$25.00 return items fee that is charged to Stryker Sports Complex and Wichita Sports Forum for every returned item/payment. This fee is easily avoidable and therefor responsibility of the employee to provide the correct financial information necessary to avoid returned items. Stryker Sports Complex and Wichita Sports Forum will pass these fees onto the employee responsible for providing the incorrect financial information.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_