



# Pierce County Soccer Referees

Direct Deposit Agreement Form for \_\_\_\_\_

name

## Authorization Agreement

I hereby authorize **Pierce County Soccer Referees** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Pierce County Soccer Referees** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Pierce County Soccer Referees** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Pierce County Soccer Referees** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

## Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

## Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to the Dave Painton, Treasurer or mail to:**

**PCSRA**

**PO Box 99844**

**Lakewood, WA 98496-0844**

Attach Voided Check below (no deposit slips) copies of checks are OK.