

**AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH**

I (we) authorize Epic Volleyball LLC ("COMPANY") to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct overpayments or erroneous credits) as follows:

☐ Checking Account/ ☐ Savings Account (select one) at the depository institution named below ("Depository"). I (we) agree that ACH transaction I (we) authorize comply with all applicable law.

Depository Name\_\_\_\_\_

Routing Number\_\_\_\_\_ Account Number\_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that company requires at least seven (7) days prior notice in order to cancel this authorization.

Name(s)\_\_\_\_\_  
(Please Print)

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

**ATTACHED VOIDED CHECK HERE**