

I (we) hereby authorize **GRAND FORKS YOUTH HOCKEY ASSOCIATION** ("COMPANY") to electronically credit my (our) account and, if necessary, to electronically debit my (our) account to correct erroneous credits as follows:

## ❑ Checking Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

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

Name(s) on the Account \_\_\_\_\_

Amount of credit(s) or method of determining amount of credit(s) \_\_\_\_\_

Date(s) and/or frequency of credit(s)\_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing at PO Box 5070, Grand Forks, ND 58206 that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 5 business days prior notice to cancel this authorization.

Name(s)

(Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

