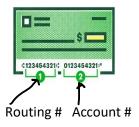
## **CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDITS)**

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: Select One: ☐ Checking Account ☐ Savings Account at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable laws. Depository Name Routing Number \_\_\_\_\_ Account 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)



PLEASE ATTACH A VOIDED CHECK HERE