



Direct Deposit Authorization Form

Soccer Association of Columbia, Inc.
4560 Centennial Lane
Ellicott City, MD 21042
(410)203-9590 x2050
emily@sachc.org

Name on Account: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount to Deposit: _____ (percentage or Dollar Amount)

Type of Account: Checking Savings

(if more than one account, fill in below)

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount to Deposit: Remainder to be deposited to this account

Type of Account: Checking Savings

Soccer Association of Columbia, Inc. is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____