

Direct Deposit Authorization Form

Please print and complete ALL the information below. Missing, inaccurate, or ineligible information will result in a delay of pay.

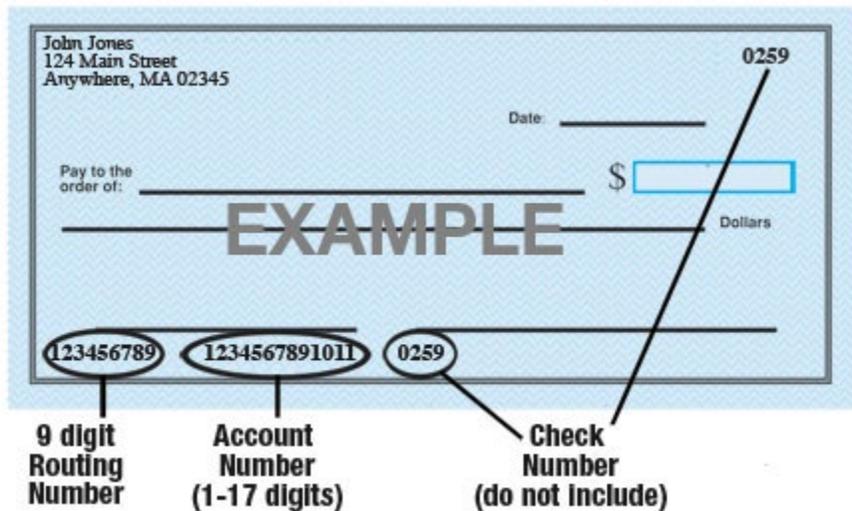
Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings (Check One)

My7on7 Passing League is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Contractor's Signature: _____

Date: _____

If you choose to receive a check, please note that there is a \$2.00 processing fee in addition to the length of time to process the check. My7on7 is not responsible for lost, stolen or uncashed checks. Please complete the form and in the place of bank information insert "Pay By Check".

