Referee Direct Deposit Authorization Form

COMPLETE THIS FORM ONLY IF YOU WISH TO BE PAID BY DIRECT DEPOSIT

I authorize Montana Youth Soccer Association (MYSA) to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error for my work as a referee in the 2021 Montana State Fall League.

Please Circle One for Account Type

Checking Account Savings Account Other: _____

I understand that this authority will remain in effect through the conclusion of 2021 or until I cancel it in writing.

Name (Please Print)	**Financial Institution Name**
Home Address	**Office or Branch Location Name**
Home City, State, Zip	**City, State, Zip**
Transit/Routing (ABA) No.	**Account Number**
Phone Number	**Email Address**
Signature	**Date**

Materials may be submitted to MYSA only by **MAIL**. Submissions made by email will be deleted immediately and will not be processed.

Please mail to the address below. Submissions must include a voided check or a savings deposit slip, as well as a completed W-9 Form.

Montana Youth Soccer
ATTN: Fall Referee
P.O. Box 3466
Butte, MT 59702

Questions can be referred to SYRA Justin Harcrow – justin@montanayouthsoccer.com.