

Burleson Independent Soccer Association (BISA)

Authorization for Electronic Funds

Transfer Payments

"I, (NAME) _____
hereby authorize the Burleson Independent Soccer Association, through the BISA Treasurer, to deposit funds due into the account at the bank named below. The Burleson Independent Soccer Association Treasurer is also authorized to debit my account only to adjust any over deposit which it has caused to be made to my account."

REFEREE BANK NAME: _____

REFEREE BANK 9 DIGIT ROUTING TRANSIT NUMBER: _____

REFEREE BANK ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECK ONE

() CHECKING () SAVINGS

REFEREE TAX IDENTIFICATION NUMBER (SS#) _____

REFEREE NAME: _____

REFEREE TELEPHONE NUMBER: _____

ADDRESS (Street, City, State, Zip): _____

This authorization will remain in effect until either cancelled in writing or an updated form changing information is sent to:

Office of the Treasurer

Burleson Independent Soccer Association

P.O. Box 52

Burleson, TX 76097

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

DATE: _____