



Authorization for ACH Deposit of Director Payments

SECTION 1 – All information is required:

Director Name: _____

Business/ Organization Name: _____

Type of Entity: LLC S-Corp Partnership Other _____

IRS Assigned FEIN or SSN For Bank Account Holder: _____

Address: _____ (Street) _____ (City) _____ (State) (Zip)

Telephone: _____ Contact Email: _____

It is Director’s responsibility to update contact information immediately if a change occurs.

SECTION 2 – Complete this section for New Enrollments or Financial Institution or Account Changes.

Check one of the following:

- New Enrollment Financial Institution or Account Changes

Bank Name: _____

Bank Address: _____ (Street) _____ (City) _____ (State) (Zip)

Bank Routing Number: _____

Bank Account Number: _____

Account Type: Checking Savings **Please attach copy of voided check**

I, the undersigned, authorize USSSA to deposit payments directly into the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until USSSA receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Signature: _____ Date: _____

Name (Printed): _____ Date: _____

SECTION 3 - Complete this section to CANCEL your ACH Electronic Deposit Authorization

I, the undersigned, hereby cancel the authorization for USSSA to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as USSSA has reasonable time to act upon it.

Signature: _____ Date: _____

Name (Printed): _____ Date: _____

MAIL, FAX OR EMAIL COMPLETED FORM AND VOIDED CHECK TO:

USSSA, LLC Fax 321-877-0607
Attn: Finance
5800 Stadium Pkwy, Melbourne, FL 32940