

East County Revolution Football Club Direct Deposit Authorization Form

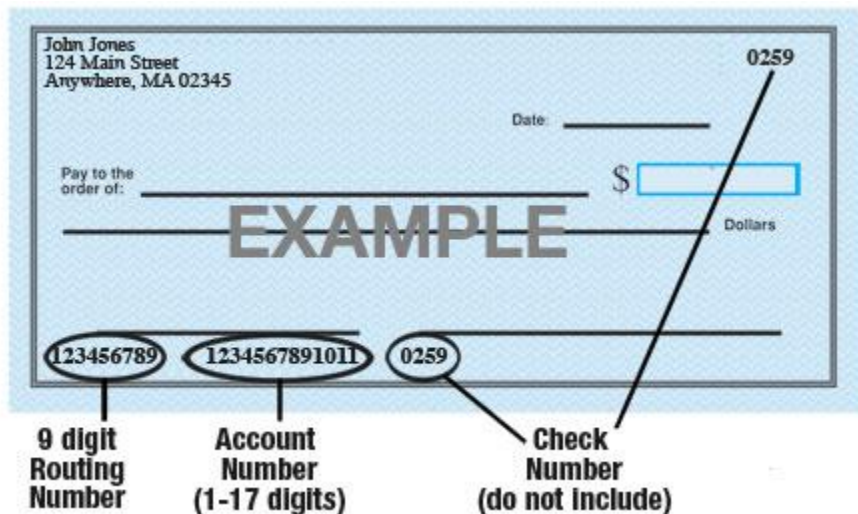


Please print and complete ALL the information below:

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: ☐ Checking ☐ Savings (Check One)

East County Revolution Football Club is hereby authorized to directly deposit my monthly fees to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Payee's Signature: _____

Date: _____

