

AUTHORIZATION AGREEMENT for DIRECT PAYMENTS (ACH DEBITS)

You can type in the form fields on your computer but must print, sign, date, and return to GSYHA at the address below or place in our drop box at the rink

I (we) hereby authorize **GLENWOOD SPRINGS YOUTH HOCKEY ASSOCIATION**, hereinafter called GSYHA, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Your Financial Institution's Name)

(Financial Institution City) (State)

Routing Transit Number

Account Number _____

Type of Acct: **Checking** **Savings**

Total Amount Due: \$ _____

This is the total of registration fees plus fundraising commitment due for the season minus advance payments.

Frequency: Monthly. GSYHA will notify recipient by written notice of the amount and date. On or after that it will be debited. Debits will be apportioned over 5 months based on the Total Amount Due beginning on December 23.

This authority is to remain in full force and effect until GSYHA has received written notification from me (or either of us) of its termination in such time and manner as to afford GSYHA and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Print Individual Name)

(Signature/Date) (Signature/Date)

(Phone) (Email Address)

(Registered Player Name or Names)

If you provide an email address, we will send you an electronic receipt.
Questions about this form or agreement can be directed to Kirk Huyser, (970) 945-4987 or treasurer@gsyha.org

GSYHA
PO Box 576
Glenwood Springs, CO 81602

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Retain a copy for your records)