# ASSINIBOINE PARK HOCKEY ASSOCIATION (APHA) DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form to authorize Direct Deposits of fees for Officials (Referee and Time Keeper).

| Please check one of the following   | <u> </u>                               |
|---|--|
| New application for direct depo-  | sit Change of information Cancellation |
|   |  |
| <u>Identification</u>   |  |
| Name:   |  |
| Address:  |  |
| City:   | Province: Postal Code:                 |
| Telephone #:  |  |
| Email Address:  |  |
|   |  |
| Bank Account Information  |  |
| Please check one of the following   | ı:                                     |
| I am the owner of the bank account specified below.   |  |
| I am not the owner of the bank account specified below, but authorize the amounts owing to be deposited to this account.  |  |
| Name on bank account, if different to   | rom above:                             |
| Attach a blank cheque with the banking information encoded on the cheque and write "VOID" across the front (RECOMMENDED) OR complete the banking information area below (see example on the back):            |  |
| Branch Number   | Institution Number Account Number      |
| (5 digits)  | (3 digits) (up to 12 digits)           |
|   |  |
| Certification   |  |
| I, as the person entitled to receive the payments of the Officials Fees, authorize Assiniboine Park Hockey Association (APHA) to deposit the payments into the above noted bank account until further notice. |  |
| Signature:  | Date:                                  |

PLEASE RETURN TO Email: zts49@mts.net

Ted Sypowski

TREASURER, APHA

## APHA – DIRECT DEPOSIT

# Additional Information

#### **CONVENIENCE**

The Pre-authorized deposit method eliminates the possibility of lost or stolen cheques. Deposits are made directly to your bank or financial institution account.

#### **DEPOSIT DATE**

Referee / Time Keeper deposits will be made on a monthly basis. Your deposit will be confirmed by e-mail.

### **PROOF OF DEPOSIT**

Your deposits are recorded automatically and individually on your monthly bank statement or pass book.

#### **STATEMENT**

Your statement contains information outlining your games worked and applicable amounts. It will be forwarded to your e-mail address by the Referee Assignor.

## **CHANGE OF ADDRESS or FINANCIAL INSTITUTION**

Please submit an updated form with the new information if you change your address or your bank account.

#### PROTECTING YOUR PERSONAL INFORMATION

APHA recognizes and respects every individual's right to privacy. APHA will take steps to protect any personal information that is provided.

