

## Direct Deposit Authorization

**Instructions:**

Vendor or Independent Contractor: Please fill out this form and return it to the Director of Finance.  
Great Lakes Region Volleyball- Director of Finance  
745 McClintock Drive Suite 314  
Burr Ridge, IL 60527  
[angelo.iasillo@glrvb.com](mailto:angelo.iasillo@glrvb.com)  
Private Fax: (630) 828-2966

Account 1 TYPE	_____	Checking	_____	Savings	<b>Please write legibly</b>
Bank Routing Number (ABA number)	_____				
Account Number	_____				% or \$ Amount _____
Account 2 TYPE	_____	Checking	_____	Savings	
Bank Routing Number (ABA number)	_____				
Account Number	_____				% or \$ Amount _____

**Please attach a voided check here for each account. If this is a savings account, please verify that the RTN and Account number are correct.**

**All information is kept confidential.**

This authorizes Great Lakes Region Volleyball Association to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____	
Print name: _____	<b>Please write legibly</b>
Email Address _____	Date: ____ / ____ / ____