Boston Area Youth Soccer (BAYS)

SX Business Services 661 Pleasant Street - Suite 250 - Norwood, MA 02062 Phone: 781-352-2328 Business FAX: 781-634-0432 Email: BAYS@sxbusiness.com

EFT/ACH Authorization Form

Referee Personal Information				
Referee Name:				
Address:				
City:	State:	Zip:		
Referee primary phone number:				
Referee E-Mail:				
Financial Institution Account Information				
Name on Deposit Account for EFT Payments (can be different than referee):				
Bank Name:				
Branch Street Address:				
City:	State:	Zip:		
ABA 9 digit BANK Routing N	umber:	Your Bank	Your Bank Account Number:	
			Please reenter Bank Account Number, then check that it is the same as above!:	
Your Name 1035 Your Address DATE PAY TO THE \$ ORDER OF \$ Journame		account nun deposit slip account. Yo	If you are selecting a savings account, the routing and account numbers can be found on the savings account deposit slip or by looking at your account online account. You can also call your bank.	
Type of Account (select one):	one): Personal Savings		Personal Checking \Box	

I hereby authorize SX Business Services, to initiate credit entries to the account specified in accordance with applicable rules related to corporate payment entries of the National Automated Clearing House Association (NACHA) and its related member associations. This authorization also allows SX Business Services to make any necessary corrections and/or adjustments to the entries, including debit entries to the account specified. This authorization is to remain in full force and effect until either party has given thirty (30) days written notice to the other party.

Signature

Date

Please send completed authorization forms to BAYS@sxbusiness.com or FAX or mail to the address above.