



**McHenry Area Soccer Federation
Direct Withdrawal Authorization Form**

Please complete this form and submit it with a voided check.

I (we) hereby authorize THE COMPANY, to initiate debit entries to my (our) checking / savings account indicated at the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same such account.

FINANCIAL INSTITUTION _____ ROUTING NUMBER _____
CITY _____ STATE _____ ACCOUNT NUMBER _____

I (we) authorize THE COMPANY to withdraw \$ _____ (weekly / monthly) from my checking account.

This authorization is to remain in full force and effect until THE COMPANY has received, the total amount owed of _____ or written notification from me (or either of us) of it's termination in such time and in such manner as to afford THE COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name: _____

Address: _____

City: _____, State: _____ Zip: _____

Signature: _____ Date: _____

Signature: _____ Date: _____