

ACH DIRECT DEPOSIT ELECTION FORM

Name of Payee _____ SS# or TIN _____

Title _____

Company _____ Phone # _____

E-mail Address _____

You must include your e-mail address, if you desire a remittance/confirmation of payment.

New Authorization
Cancellation

Change

PLEASE NOTE THAT COMPLETING THIS FORM WILL NOT CHANGE/ADD DIRECT DEPOSIT TO PAYROLL

Payee Bank Information

Bank Name _____

Routing Number _____

Account Number _____

Checking - **Must attach an original or copy of a voided or canceled check.**

Effective Date _____

If you want to start this service immediately, please use today's date. Allow a minimum of four weeks for new automatic deposits to start for the bank to verify your account.

I hereby authorize the National Collegiate Athletic Association to initiate credit entries to the account in the bank named above and to debit entries made in error. I authorize the bank to accept and to credit or debit the amount of such entries to this account.

Authorized Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM AND RETURN TO:

NCAA
ATTN: ACCOUNTS PAYABLE
PO BOX 6222
INDIANAPOLIS, IN 46206-6222

