



## Vendor ACH Authorization Form

*Authorization for Direct Deposit (ACH Credit) if requesting a check – complete Section 1 ONLY*

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### SECTION 1 Vendor Information

Vendor Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Tax ID / EIN (optional) \_\_\_\_\_

### SECTION 2 Bank Account Information

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Phone Number (optional) \_\_\_\_\_

Account Type (check one) ☐ Checking ☐ Savings

Routing Number (9 digits) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

### Authorization

I hereby authorize **United States Adult Soccer Association (USASA)** to initiate credit entries (deposits) to the account indicated above for payment of goods or services. I also authorize the correction of any credit entries made in error.

I agree to notify **USASA** immediately in writing of any changes to the banking information provided above.

This authorization will remain in effect until written notice of cancellation is received and sufficient time has been provided for processing.

Authorized Representative:

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please return this form and required documents to:  
Bruce Bode, Executive Director at [bbode@usasa.com](mailto:bbode@usasa.com)*

*Confidentiality Notice: All information provided will be kept strictly  
confidential and used solely for payment purposes.*

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