

**NORTHBORO YOUTH HOCKEY PROGRAM, INC**

**Direct Deposit Sign-up/Change Form**

Date \_\_\_\_\_

First Name \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

MI /\_\_\_\_/

Last Name\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security # (please enter again) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Of Birth month\_\_\_\_\_ day\_\_\_\_\_ year\_\_\_\_\_

Sex M/F

Address\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_

Zip:\_\_\_\_\_

Email (please print clearly)\_\_\_\_\_

Email (please enter again)\_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Begin contract date:\_\_\_\_\_

**Individual Contractor:**

Check one: Coach\_\_\_\_\_ Referee\_\_\_\_\_ Scorekeeper\_\_\_\_\_

**Employee:**

Check all that apply:

Part time\_\_\_\_\_ Full time\_\_\_\_\_

Administrative\_\_\_\_\_Rink C Office\_\_\_\_\_Zamboni Driver\_\_\_\_\_Other\_\_\_\_\_

**PLEASE COMPLETE DIRECT DEPOSIT BANK INFORMATION ON OTHER SIDE**

Account #:\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
Routing #:\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/ (9 numbers)  
Type of Account:            \_\_\_\_Checking            \_\_\_\_Savings  
Calculations: (choose one)    \_\_\_\_Remainder            Percentage\_\_\_\_%

**If having pay split into different accounts, please fill out below:**

Account #:\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
Routing #:\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/ (9 numbers)  
Type of Account:            \_\_\_\_Checking            \_\_\_\_Savings  
Calculations: (choose one)    \_\_\_\_Remainder            Percentage\_\_\_\_%

**WORKER CONFIRMATION STATEMENT**

I authorize my employer to deposit my wages/salary into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the account holder to authorize my employer to make direct deposits into the named account.

Workers  
Signature\_\_\_\_\_Date\_\_\_\_\_

Accountholder Signature\_\_\_\_\_ (if workers name does not appear on bank documentation)

Please attach voided check with name imprinted (no starter checks) for checking accounts

**ATTACH CHECK HERE**