

# **ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM**

**For SRVA Tournament Entry Fees / Match Pay / Staff Payments / Performance Bond  
/ Refunds / Grant Distribution or similar business activities.**

The information concerning your organization's financial institution will be used to make electronic fund transfer (EFT) payments on all claims that are due and approved for payment for the legal business name listed below: ***Please note that EFT payments can be made only to checking accounts.***

|  |        |                          |
|--|--------|--------------------------|
| This form is for: _____ an initial request for EFT payments _____ a change in an existing enrollment |        |                          |
| Individual or Legal Business Name:   |        | Federal Tax ID#          |
| Address:   |        |                          |
| City:  | State: | Zip Code:                |
|  |        |                          |
|  |        |                          |
| <b>FINANCIAL INSTITUTION INFORMATION</b>   |        |                          |
| ABA (Transit Routing) Number:  |        | Checking Account Number: |
| Name of Financial Institution  |        | Telephone:               |
| Address:   |        |                          |
| City:  | State: | Zip Code:                |
| Name on Checking Account:  |        |                          |

**AUTHORIZING SIGNATURE:** By signing this document, you are authorizing EFT payments from the SRVA for Entry Fees / Match Pay / Staff Payments Performance Bond / Refunds / Grant Distribution or similar business activities to be sent to the above account.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

Please return this completed form to: **SRVA Commissioner**  
**1285 N. Bayshore Dr.**  
**Valparaiso, FL 32580**  
Or Email: **SRVACommissioner@gmail.com**