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Electronic Funds Transfer (EFT) Authorization Agreement

USBC Membership/Awards Team 621 Six Flags Dr. Arlington, TX 76011 **P** (800) 514-BOWL, ext. 8953 **F** (817) 385-8260 **Email** MA@bowl.com

Part I: Association Information			
Association Name:	Association Street Address:		
Association City:	_ Association State:	Association Zip Code:	
PART II: Financial Institution Information			
Financial Institution Name:			
Financial Institution City/Town:			
Financial Institution State:			
Financial Institution Telephone Number:			
Financial Institution Contact Information:			
Financial Institution Routing Transit Number (nine-digit)			
Depositor Account Number:			
Type of Account (check one)	king Account Sav	vings Account	
Please include a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. This information will be used to verify your account number.			
Part III: Contact Information			
Contact Person's Name and Title:			
Contact Person's Telephone Number:			
Contact Person's E-mail Address:			
Part IV: Authorization			
I hereby authorize the United States Bowling Congress ("USBC") to initiate debit entries and to initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to debit and/or credit the same to such account. EFT refusals by the Financial Institution named above shall constitute a returned item, similar to a returned check and I authorize USBC to charge the same fee to my account as I would be charged for a returned check. If the EFT payment transfer is not successful, it remains my responsibility to pay any outstanding balance owed USBC by cash or check. USBC will use its best efforts to notify me of any rejection or processing problems.			
This authorization agreement is effective as of the signature date below and is to remain in full force and effect until USBC has received written notification from me of its termination in such time and such manner as to afford USBC and the Financial Institution a reasonable opportunity to act on it. USBC will continue to withdraw funds from the Financial Institution indicated above until notified by me that I wish to change the Financial Institution for which the money is being drawn. If my Financial Institution information changes, I agree to submit to USBC an updated EFT Authorization Agreement.			
First Authorization	Second Aut	horization	
Name (Print)	Name (Print)		
Telephone Number	Telephone Nu	Telephone Number	
Official Title	Official Title		
Official E-Mail Address	Official E-Mail Address		
Official Signature	Official Signat	ure	