



Direct Deposit Agreement Form

Authorization Agreement

I, _____ (Print), authorize National Tractor Pullers Association to initiate automatic deposits to my account at the financial institution listed below in this document.

Further, I agree not to hold National Tractor Pullers Association responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, by my financial institution, or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until National Tractor Pullers Association receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounting Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

I also understand the following:

- Direct deposit payments will be submitted every other Friday with settlements completed over the preceding two weeks.
- Payments should be received the following Tuesday due to a two business day processing period.
- Payments may be delayed in the event of a federal banking holiday.

****A voided check or banking document listing the routing and account number must be submitted with this form****

