

**Southern Independent Conference
Officials Alliance, Inc. (SICOA)**

Electronic Funds Transfer (EFT) Form

Official's Information:

Name: _____ SS#: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Bank Information:

****PLEASE ATTACH A VOIDED CHECK****

Bank Name: _____

Name on Account: _____

Account #: _____ Routing #: _____

Checking Savings

Authorization Agreement: I hereby authorize SICOA to deposit my officiating fees directly into the above mentioned account. This authority will remain in effect until I have given written notice that I am terminating this account, or until SICOA has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and SICOA to make the appropriate adjustment(s).

Official's Signature: _____ Date: _____

Please mail to:

Bill Criswell
SICOA
Post Office Box 47651
Tampa, Florida 33646