DIRECT DEPOSIT AUTHORIZATION FORM

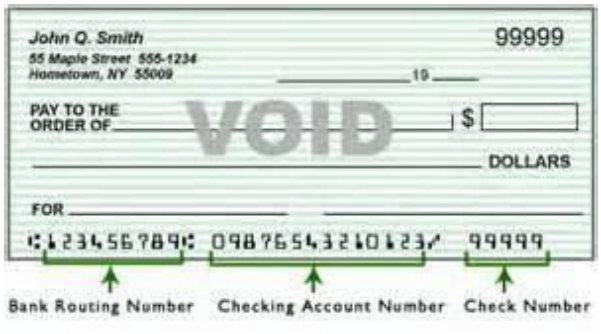
I, _____hereby:

◯ **authorize** -- The Association of Volleyball Professionals, EAS Enterprises, LLC. and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account listed below. This authorization will remain in effect until I have informed The Association of Volleyball Professionals in writing that I wish to cancel it and they have had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.

◯ **revise** -- direct deposit account as indicated below.

◯ **cancel** -- direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until The Association of Volleyball Professionals had received written authorization from me to deposit my paycheck automatically. I acknowledge that I will now receive pay checks which I am responsible for depositing and/or cashing.

Signature:_____ Date: / /

Bank Name / Address	Account Type	Routing/Account Numbers
	◯ Checking ◯ Saving	Routing # Account #

Please attach (or photo of) a voided check for the account to which funds will be deposited.
Do not use a deposit slip.