



United States Bowling Congress

APPLICATION for DIRECT DEPOSIT for US Banks only

(Not to be used for International Wires) rev 03-10-25

Name (Bowler or Individual)

Please Type or Print

Name (Vendor or Company Name)

Please Type or Print

Address (of Bowler or Vendor)

Please Type or Print

City, State & Zip

Please Type or Print

Email Address for remittance

Please Type or Print

Full Social Security number or Tax ID

(Used for Identification purposes)

Please Type or Print

Please Mark One

Checking _____ Savings _____

Bank Name

Bank Routing / ABA #

(Must be 9 Digits - **Cannot** be from a Deposit Slip)

Bank Account #

Cancellation of Direct Deposit

Bank Name

Bank Routing / ABA #

(9 Digits)

Bank Account #

AUTHORIZATION AGREEMENT

I hereby authorize USBC Accounts Payable Administrator to deposit invoice payments directly into the account listed above. This authority will remain in force until I have given written notice that I have terminated it or until USBC has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for any changes to be executed.

It's necessary to include a copy of a voided check or a letter from your financial institution listing your name, routing and account number.

Signature _____

Title _____

Printed Name _____

Date _____

Email or Fax form to Kelly McCaskill accounts.payable@bowl.com phone 817-385-8288 fax 817-385-8238