## APPLICATION for DIRECT DEPOSIT for US Banks only

(Not to be used for International Wires)

Name	(Bowler or Individual)		
	•	Please Type or Print	
Name	(Vendor or Company Name)		
		Please Type or Print	
Address			
City, State	e & Zip		
		_	
Email Add	dress for remittance		
	of Social Security number or Tax ID (Used for Identification purposes)		
Pl	ease Mark One		
New	Change		
	Bank Name		
	Bank Routing / ABA #		
	bank noating / ADA #	(Must be 9 Digits)	
	Bank Account #		
Cancellat	ion of Direct Deposit		
	Bank Name		
	Bank Routing / ABA #		
	·	(9 Digits)	
	Bank Account #	_	
	Al	UTHORIZATION AGREEMENT	
	tice that I have terminated it or until USBC has no	osit invoice payments directly into the account listed above. This authority will remain in force untified me that this deposit service has been terminated. I understand that I must give advance notice sonable time for any changes to be executed.	
It's <u>necessary</u> t	o include a copy of a voided check or a lette	r from your financial institution listing your name, routing and account number.	
Signature		Title	
Printed Name		Date	
Email or Fax	form to Kelly McCaskill accounts.p	ayable@bowl.com phone 817-385-8288 fax 817-385-8238	







