



Wisconsin Trappers' Association , Inc.

Authorization for Direct Deposits

This authorizes the WI Trapper's Association, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries.

Account Information

Account Type: Checking or Savings

Bank Name:

Bank Routing & Transit Number:

Amount or Net Pay (default is net):

Account Number:

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable time to act on it.

Employee Name (print):

Employee Signature:

Date:

ATTACH VOIDED CHECK(S) HERE
(REQUIRED)