



- _____ SICOA Collegiate Official
- _____ SICOA FHSAA Official
- _____ SICOA Youth Official (All Leagues)
- _____ SICOA Official (All others)

Southern Independent Conference Officials Association, Inc.
Electronic Funds Transfer (EFT) Form

Officials' Information

Name: _____ SSN: _____

Address: _____

City, ST _____ Zip Code: _____

Primary Phone _____ Alternate Phone _____

Bank Information

Bank Name _____

Full Name on Account _____

Account Number _____

Routing Number _____

Contact your financial organization for the correct format for Direct Deposits into your account. Confirm the format of your account number with the correct number of digits.

Type of Account:

- ___ **Checking**
- ___ **Savings**

Contact your financial organization for the correct ABA routing code. This is a 9-digit code and can be different for the types of transactions, i.e. Deposit to checking, Deposit to savings, ordering checks, etc.

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).

Officials' Signature _____ Date Submitted _____

Note:

If mailing, [SIGN and return](#), NO VOIDED or BLANK CHECK is required. If 'Submitting by Email, enter your Email Address and PIN in the Signature Block.

[Entering your email address and PIN constitutes your electronic signature.](#)

Email addresses will be validated through your Supervisor of Officials, who can provide your individual PIN, or by emailing info@sicoaofficials.com (In Subject Line enter: EFT PIN Request).

Send to: SICOA
 PO Box 47651
 Tampa, Florida 33646-0114