

## **ACH Agreement Form**

I, \_\_\_\_\_ hereby authorize Manitowoc County Youth Hockey to automatically deduct \$ \_\_\_\_\_ from my bank account the first of: October, November, December, January and February.

\*\*If I wish to stop this automatic payment at any time, I must submit in writing to the Registrar my intentions to stop the automatic payment at which time arrangements must be made to pay the remaining balance due.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*OFFICE USE ONLY\*\***

Bank Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type: Checking / Savings

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