

U.S. Masters Swimming, Inc.
2024 Electronic Funds Transfer (EFT) Authorization

Organization / Individual Name:
Payment Address:
Contact Name & Title:
Contact Phone # & Email Address:

Bank Name:
Bank Address:
Bank Contact Name & Phone #:
ABA Routing #:
Account #:
Account Type: Checking _____ Savings _____

This authority is to remain in full force and effect until U.S. Masters Swimming, Inc. has received written notification from organization of its termination in such time and in such manner as to afford U.S. Masters Swimming, Inc. and depository a reasonable opportunity to act on it.

Please sign below to confirm that you are authorizing U.S. Masters Swimming, Inc. to begin transferring payments for your invoices to the account indicated above.

Print Name

Title

Signature

Date

<p>Please email completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information to: invoices2@usmastersswimming.org</p> <p>Mailing address: U.S. Masters Swimming, Inc., Attn: Finance, 8388 South Tamiami Trail, # 221, Sarasota, FL 34238. For questions or more information, please contact Gary Keehner, USMS Controller via email at gkeehner@usmastersswimming.org or by phone at (941) 556-6285.</p>
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