



Greater Vernon Minor Hockey Association

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Direct Deposit Authorization

Please enclose a voided cheque or encoded deposit slip. If you do not have one, go to your bank and they will provide one.

Name: _____

Address: _____

Phone: _____

I (we) hereby authorize the Great Vernon Minor Hockey Association to deposit directly to my (our) account as noted on the attached voided cheque or encoded deposit slip, beginning _____. This authorization will be in force until notice in writing is given to stop the direct deposit.

Signature

Date

Signature

Date