

## DIRECT DEPOSIT AUTHORIZATION FORM

I, \_\_\_\_\_ hereby authorize **F.R.R.C., Inc.** to electronically credit/debit my account (and, if necessary, to electronically debit/credit my account to correct erroneous credits/debits<sup>1</sup>) at the financial institution named below. I agree that ACH transactions that I authorize will comply with all applicable law.

Select One:             Checking Account             Savings Account

Depository (Bank or Credit Union) Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Name on the Account \_\_\_\_\_

I understand that this authorization will remain in full force and effect until I notify **F.R.R.C., Inc.** in writing that I wish to revoke this authorization. I understand **that F.R.R.C., Inc.** requires at least one week prior notice in order to cancel this authorization.<sup>2</sup>

Name \_\_\_\_\_

(Please Print)

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

<sup>1</sup>The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors

<sup>2</sup>Written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "In writing by mail to 100 Main Street, Anytown, NY that is received at least three (3) days prior to the proposed effective date of the termination of authorization").

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### Driver / Car Owner Information

\*Necessary for competition payout.

Driver's Name: \_\_\_\_\_ Car Number: \_\_\_\_\_

Circle Division(s):    SLM    PLM    SS    S4    F8    ST    QLM

To be listed for rookie consideration check here: (    )

**If any information changes during the season, please notify the pit office.**

Payout Information (who competition payout will be paid to) (must match ACH info above)

**FULL LEGAL NAME ONLY:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ or FED ID#: \_\_\_\_/\_\_\_\_

Substitute W-9 Use