

SCCA CONTINGENCY PAYOUT ACH PAYMENT AUTHORIZATION

Allowing SCCA to directly deposit payment into your account saves you time and guarantees faster delivery. If you would like to use this service, please fill out this form and return it to the address listed below.

NAME: _____

BANK NAME: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

EMAIL ADDRESS (for notification of deposit): _____

I hereby authorize SCCA to make electronic fund transfers to the above account:

SIGNATURE: _____ **DATE:** _____

TAX ID/SOCIAL SECURITY NUMBER: _____

Please return to: SCCA
Accounts Payable
P.O. Box 19400
Topeka, KS 66619

Or Fax to: 785-232-7228
Attn: Brandy Wiggans