

**WEST CHESTER UNIVERSITY DEPARTMENT OF ATHLETICS
REQUEST FOR PAYMENT OF OFFICIALS**

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| SECTION ONE: | | |
| SPORT: | | |
| DATE(S) OF CONTEST(S): | | |
| OPPONENT: | | |
| SECTION TO BE COMPLETED BY THE OFFICIAL – PLEASE PRINT CLEARLY | | |
| NAME: | | |
| SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____ DATE OF BIRTH (DOB): ____/____/____ | | |
| STREET ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| PHONE (INCLUDING AREA CODE): | | |
| NUMBER OF CONTESTS: | FEE PER CONTEST: | TOTAL FEE TO BE PAID: \$ |
| SECTION TWO: PAYROLL ELECTION | | |
| <input type="checkbox"/> Direct Deposit (Please Complete Sections 3 and 5 below) <input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below) | | |
| SECTION THREE: DIRECT DEPOSIT | | |
| <input type="checkbox"/> Update Bank Account Bank Name: _____ Routing #: _____ Account #: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ | | <p>I understand and acknowledge that if I do not provide proof of account with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.</p> <p>Initial: _____ Date: _____</p> <ul style="list-style-type: none"> To help us avoid making an error, please attach a copy of proof of account (void check, statement, etc) If you change banks, do not close your old bank until your direct deposit has started at the new bank, which may take 2 pay periods. |
| SECTION FOUR: | | |
| <p>I hereby authorize WCU SSI to deposit my net payroll directly to my assigned Aline/Visa Debit Card (which is not a credit card or a line of credit). Funds will be available on pay date Friday of each pay period. The deposit will be made on each payday unless I notify WCU SSI in writing of my intent to cancel Aline/Visa Debit Card and begin direct deposit to a financial institution. Upon WCU SSI receipt of a request to cancel the Aline/Visa Debit Card, the direct deposit to a financial institution shall become effective after a reasonable opportunity to act upon it.</p> | | |
| SECTION FIVE: | | |
| OFFICIALS SIGNATURE: | DATE: | |
| SECTION SIX: | | |
| SECTION TO BE COMPLETED BY EVENT ADMINISTRATOR | | |
| SIGNATURE: | DATE SUBMITTED: | |

*Please note: section six must be totally complete and this form must be signed by the event administrator before submission to the athletic department. If you have any questions please contact Elise Bonagura at 610-436-3559
EBonagura@wcupa.edu*