

Direct Deposit Authorization Form

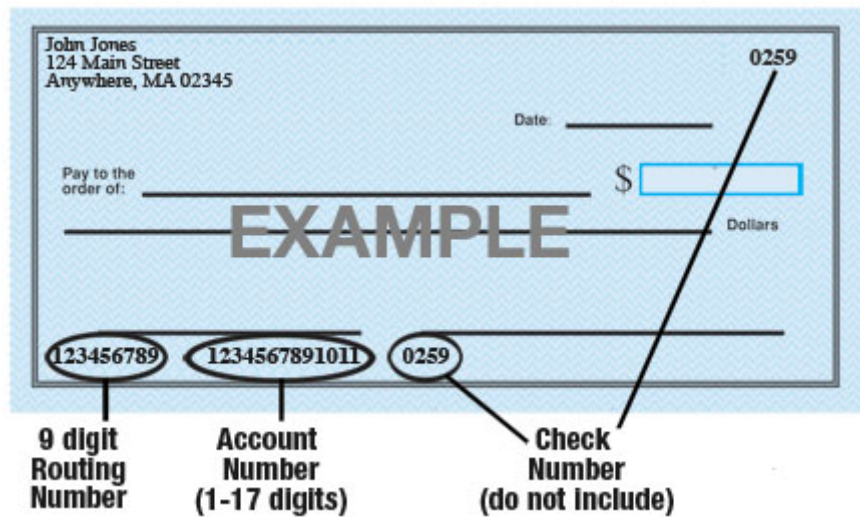
Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.

American Motorsports Association is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Authorized Signature: _____

Date: _____