

# SCCA CONTINGENCY PAYOUT ACH PAYMENT AUTHORIZATION

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

**NAME:** \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**CHECKING:** \_\_\_\_\_ **SAVINGS:** \_\_\_\_\_

**BANK ROUTING NUMBER:** \_\_\_\_\_

**BANK ACCOUNT 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  
6620 SE Dwight St  
Topeka, KS 66619

Or:  
-Email to: lkisner@scca.com  
-Fax to: 785-232-7228  
Attn: Linda Kisner

Please don't forget to notify us if your banking information or address changes!