

Bank Debit Form

Name \_\_\_\_\_

Swimmers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Butch Jordan and/or Martha Siskron to automatically debit my monthly fees for COSST.

Name of Bank \_\_\_\_\_

Account Type \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Complete this form by attaching a voided check below. This form is intended to be used by COSST to have the account numbers necessary to start the automatic bank withdraw and will pay for September dues and the USA Swimming fee.