

## Referee Direct Deposit Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please supply a blank cheque or deposit form supplied by your bank.

It is your responsibility to send Hockey Regina any changes to this information once submitted to ensure your payment is made in a timely manner.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print clearly and attached your banking information with this form, and return to Hockey Regina at either 1308 Winnipeg St S4R 1J6, or scan and email to [tammyh@hockeyregina.ca](mailto:tammyh@hockeyregina.ca).