

# Referee Direct Deposit Form

(PLEASE PRINT CLEARLY)

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

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

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

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

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

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

Once this has been submitted it is **your** responsibility to send Hockey Regina any changes to this information to ensure your payment is made in a timely manner.

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

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

Attach your banking information to this form and either:

- Scan and email to **[tammyh@hockeyregina.ca](mailto:tammyh@hockeyregina.ca)**
- Drop off at Hockey Regina (physical address):  
1700 Elphinstone St, 2<sup>nd</sup> Floor, Co-Operators Centre
- Mail to Hockey Regina (mailing address):  
Box 348 Station Main, Regina,SK, S4P 3A1