

TRIPORT REFEREE ETRANSFER FORM

EMPLOYEE INFORMATION			
REFEREE LAST NAME		REFEREE FIRST NAME	
BOX #		TOWN	
POSTAL CODE		HOME PHONE	
EMAIL		CELL PHONE	
PASSWORD	HOCKEY		

AUTHORIZATION AGREEMENT
<p>I hereby authorize TriPort Minor Hockey Association to initiate etransfers to my account at the financial institution named above for Referee fees owed to me. I understand that TriPort Minor Hockey Association will pay me monthly for all games that I officiate, to be paid by the 5th of the following month.</p> <p>Further, I agree not to hold TriPort Minor Hockey Association responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.</p> <p>This agreement will expire on March 31 of every hockey season, or until TriPort Minor Hockey Association receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.</p>

REFEREE SIGNATURE		DATE	
RECEIVED BY		DATE RECEIVED	

PAYMENTS RECORD			
MONTH	TOTAL FEES PAID	DATE PAID	REFERENCE #
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
JANUARY			
FEBRUARY			
MARCH			