



Amateur Trapshooting Association
1105 E Broadway – P.O. Box 519
Sparta, IL 62286



Debit Authorization Form

I (we) hereby authorize Amateur Trapshooting Association hereinafter called “ATA,” to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called “Financial Institution,” to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law

_____ (Financial Institution Name)

(Address) (City) (State) (Zip Code)

(Routing Number) (Account Number) Checking Savings

Note: The financial institution must be in the United States and payment will be processed in US Dollars.

By signing this form, you authorize the ATA to debit your account for the amount listed on all Shoot Financial Reports submitted by you or your affiliated gun club representative, on or after the date indicated above. This is a perpetual authorization and can be used to process any shoot financial report.

This authorization is to remain in full force and effect until the ATA has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the ATA and Financial Institution a reasonable opportunity to act on the request.

(Print Authorized Representative Name and Title) (Date)

(Phone Number) (Email Address)

(Signature)

(Gun Club #) (Gun Club Name & State)

~PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM~

Note: All shoot report documents/files MUST be emailed to ACH-shoots@shootata.com and results@shootata.com . Your shoot will not be processed if it is not sent to both email addresses.

To cancel this authorization, please contact the ATA Office (618)449-2224 ext. 106 or debers@shootata.com