



NFLPA

DIRECT DEPOSIT AUTHORIZATION FORM AND SUBSTITUTE IRS FORM W-9

I hereby authorize the National Football Players Association (NFLPA) and National Football Players, Inc. (NFLPI) to initiate credit entries (ACH deposits) into the bank account indicated below. I acknowledge that the origination of ACH deposits to the account must comply with the provisions of U.S. law. This Direct Deposit Authorization is to remain in full force and effect until the NFLPA and NFLPI have received written notification of its termination from me. I recognize that if I fail to provide complete and accurate information on this form, processing of payments may be delayed or erroneously transferred. I understand that it is my responsibility to notify NFLPA and NFLPI of any discrepancies or changes in the banking information.

Player Name _____ Tax Identification Number _____

Address _____
[Number and Street] _____ [Apt or Suite Number]

[City] _____ [State] _____ [Zip Code]

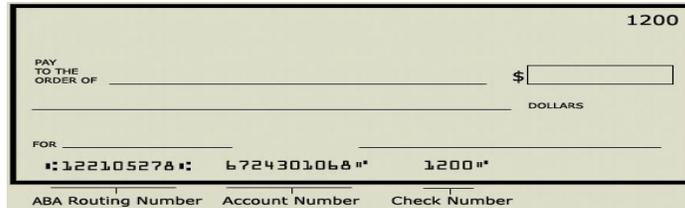
Phone [H] _____ [C] _____ E-mail _____

Financial Institution _____
[Name] _____ [City] _____ [State]

Name on Account _____ Checking -or- Savings

ACH Routing/ABA# _____ Account # _____

To ensure accuracy of your deposit, a VOIDED CHECK is requested:



I certify that I represent myself as the person authorizing the NFLPA and NFLPI to deposit funds in the account designated above. Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. citizen or other U.S. person; and
4. I am exempt from FATCA (*Foreign Account Tax Compliance Act*) reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

- Receipts will be sent via E-mail notifying you of payment at the E-mail address provided above.
- Please return your completed form and voided check copy to the NFLPA—addressed “Attn: Accounting”—by either:

FAX: 202-756-9319 | E-MAIL: accountspayable@nflpa.com | MAIL: 1133 20th ST. NW, Suite 600, Washington, DC 20036