

International Collegiate Sales Competition (ICSC)

Award Winner Claim Form

Thanks for your participation in this year's ICSC and Congratulations on your placement. This form is required within 60 days from the last date of the Competition. Be sure all fields on this form are completed. A completed W9 with personal signature must accompany this form to fully process your award. This is an IRS form, so **no computerized signatures** will be accepted.

Completed forms must be submitted for processing by noon, Friday, **December 6, 2024**, to Shannon Young by email styoung@fsu.edu, fax (850) 645-0009, or by mail to the address below.

Please note: ONCE RECEIVED, requests may take up to 8 weeks to process, so BE SURE to indicate the appropriate address for mailing at that time.

Shannon Young
Sales and Marketing Education Foundation
400 Capital Circle SE, Ste 18 #262
Tallahassee, FL 32301

Date Submitted: _____ Name of Award Winner: _____

Telephone: _____ Email: _____

University Name: _____

Amount of Award: _____ Award Description: _____

What method would you like used to receive your award (check one)?

Zelle, Venmo (limited to awards under \$1,000) **OR** ACH

IF Zelle, complete Section 1 **IF Venmo**, complete Section 2 (Maximum Request is \$1,000)
IF ACH Deposit complete the ACH deposit form and return with **verifying documentation** (voided check or bank verification letter).

Section 1 – Zelle Request

Payee – email: _____ **AND** Telephone: _____

Section 2 – Venmo Request

Payee – Venmo Name: _____ **AND** Last 4 digits of Telephone: _____

The Award Winner Claim Form and W9 must be completed, signed, and received by noon on Friday, December 6, 2024. No requests will be accepted after this time.

DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Authorization

I hereby authorize the Sales and Marketing Education Foundation, Inc. to initiate credit entries for International Collegiate Sales Competition Monetary Awards to my account with the financial institution I have listed. I have enclosed a copied voided check **OR** documentation showing that I am the account holder.

I understand the direct deposit will continue until I terminate it for any reason or until the Sales and Marketing Education Foundation, Inc. receive written notice of termination from me in such time and manner as to afford the Sales and Marketing Education Foundation, Inc. a reasonable opportunity to act on such request.

Signature of Account Owner

Date

Bank Name: _____

Bank Routing #: _____

Bank Account #: _____

Choose Account Type: ___ Savings ___ Checking

Complete this form and return with your account verification documentation information.

If you have any questions, please send an email to Shannon Young styoung@fsu.edu or call (850) 644-9657. For secured transmittal, please use NIFTY, <https://nifty.fsu.edu/>