***I authorize St. Charles Convention Center, hereinafter called “Company,” to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called “Financial Institution,” to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules.***

|  |  |
| --- | --- |
| **Event Name:** | |
| **Contract/Event ID: #** | **Event Date(s):** |

**Account Detail**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bank Name: | | | | |
| Name on Bank Account: | | | | |
| Address on Bank Account: | | | | |
| City: | | State: | | Zip: |
| Routing Number: | | | | |
| Account Number: | | | | |
| Type of Account: | Checking | | Savings | |

**Payment Details** (please check all that apply)

|  |
| --- |
| One Time Payment (i.e. amount shown on Invoice or Statement) $ |
| Re-Occurring Payments per Contractual Deposit Schedule to include the following**:**   * Initial Deposit * Contractual Payments * Onside Incidentals and/or outstanding event charges |

***This authorization is to remain in full force and effect until lease agreement, listed above as contract ID, has been completed and fulfilled.***

Signature:

Print Individual Name:

|  |  |
| --- | --- |
| Title: | Date: |

Company Name:

Email to Send Receipts:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I authorize the St. Charles Convention Center to charge to the following credit card for:**   * Initial deposit accompanying license agreement * Contractual payments per schedule in license agreement * On site incidentals and/or outstanding event charges   **Please Note: a**s of 1/1/2023, there will be a non-refundable 3% convenience fee included for all credit card transactions. | | | | | | | | | | | | | | | | | | | | | |
| **Event Name:** | | | | | | | | | | | | | | | | | | | | | |
| **Contract/Event ID:** | | | | | | | | | | | | | | **Event Date(s):** | | | | | | | |
| **Please select one:** | | | | | | AmEx: | Discover: | | | MasterCard: | | | | | | | | | Visa: | | |
| **Account #:** (Please print clearly or type) | | | | | | | |  | | | | | | | | | | | | | |
| **Expiration Date:** | | | |  | | | |  | **Security Code:**\* | | | | |  | ***\*This is the last 3 digits on the back of your card for Visa or M/C. It is the 4 digits on the front of American Express*** | | | | | | |
| Name on Card: (Please print clearly or type) | | | | | | | | |  | | | | | | | | | | | | |
| Billing Address: | | |  | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | |  | | State: |  | | | |  | | Zip: |  |
| Email: | |  | | | | | | | | |  | Daytime Phone: | | | | \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| ***This authorization is to remain in full force and effect until lease agreement, listed above as contract ID, has been completed and fulfilled.*** | | | | | | | | | | | | | | | | | | | | | |
| **Authorized Signature** | | | | | | | | | | | | | | | | | **Date** | | | | |
| **St. Charles Convention Center Use Only** | | | | | | | | | | | | | | | | | | | | | |
| **Amount** | | | | | **Date** | | **Event ID** | | | | | | |
|  | | | | |  | |  | | | | | | |
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