



1 Convention Center Plaza
Saint Charles, MO 63303
VOICE: 636-669-3000
FAX: 636-669-3001
stcharlesconventioncenter.com

Direct Deposit Authorization Form

I hereby authorize _____
to initiate credit entries for payment to my account with the financial institution I have
listed below. I understand direct deposit will continue until either party terminates it for
any reason, in writing, in such a time and manner as to allow a reasonable opportunity
to act upon such request.

Signature of Owner/Agent

Date

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Please forward your remittance notifications/details to: ap@scmocc.com.