

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)

<input type="checkbox"/> One Time Payment (i.e. amount shown on Invoice or Statement) \$
<input type="checkbox"/> Re-Occurring Payments per Contractual Deposit Schedule to include the following: <ul style="list-style-type: none">• 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: _____

Please send all payment information via fax to 636.669.3001. OVG and St. Charles Convention Center makes every effort to respect your privacy. We ask that you do NOT email to keep all digital copies of your sensitive information out of cyber space.



CREDIT CARD AUTHORIZATION



One Convention Center Plaza, St. Charles, MO 63303 | T: 636.669.3000 F: 636.669.3001 | www.stcharlesconventioncenter.com

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: 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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