

A.C.H. PAYMENT FORM

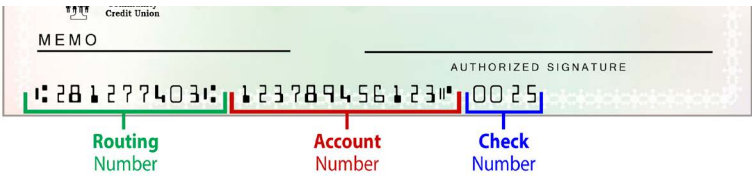
AUTHORIZATION STATEMENT

I [we] _____ hereby authorize Elegant Occasions and or any company they manage or operate to initiate ACH payment to my [our] checking/saving accounts at the financial institution listed below [the financial institution, and if necessary, initiate adjustments for any transactions credited/debited in error. The authorization will remain in effect until Elegant Occasions is notified by me [us] in writing to cancel it in such time as to afford Elegant occasions and the Financial Institution a reasonable opportunity to act on it. **Please note that VEEM (our ACH processing company) will send you a confirmation email which requires your immediate response.**

EMPLOYEE INFORMATION

First Name		Last Name	
Address			
City		State	Zip Code
Email Address for Payment Notifications			

BANK INFORMATION

Name of Financial Institution Bank	
Routing Number	
Checking/Savings Account Number	
<p>Routing Checking/Savings Numbers are Located on the Bottom of Your Check as Shown</p> 	Authorizing Signature Date

IMPORTANT INFORMATION

This company shows no liability if the payee does not notify in writing any changes to bank account for disbursement
Please send a void check with this request for confirmation of account.

EFFECTIVE AS OF APRIL 2019 | Email Completed form to BookKeeping@esgfla.com