

# Event Farm

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize **Event Farm, Inc** to initiate automatic deposits via ACH Transfer and/or Wire Transfer to my account at the financial institution named below. Further, I agree not to hold **Event Farm, Inc** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Event Farm, Inc** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to **Event Farm, Inc**.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number (ABA#): \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

Name on the Account: \_\_\_\_\_

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_