SMG AUTHORIZATION FORM

ELECTRONIC FUNDS TRANSFER
AUTHORIZATION AGREEMENT

Company Name:	**S M G LOUISIANA SUPERDOME**		

I hereby authorize **S M G LOUISIANA SUPERDOME** to initiate DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any DEBIT entries in error to my *(select one)*
☐ checking or ☐ savings account at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U. S. law.

Depository Financial Institution Name:				Account No.	
Branch:					
City:		State:		Zip:	
Routing #:					
Account #:					
Dollar Amount					

IMPORTANT: Attach a VOIDED check(voided deposit slip for savings account) for the above referenced account to this form.

This authorization is to remain in full force and effect until **S M G LOUISIANA SUPERDOME** has received written notification from me of its termination by the twentieth of the month for the next month's payment.

Customer Name	
Street Address	(Please Print.)
City State Zip Code	
Signature	
Date	