

### Authorization Agreement for Direct Deposit (ACH Credit) Payments from The Field

This form should be signed by the signatory of your contract with The Field. Please submit the completed form by mail to The Field (75 Maiden Ln., Suite 906, New York, NY 10038) OR email to Clay Schudel at clay@thefield.org. Please allow 7 business days for your account to be set up.

Once you sign up for direct deposit, you will no longer receive checks (or be able to request them) from The Field. If your account information changes, you must fill out and submit a new form. If you wish to cancel automatic deposit, please be sure to contact Clay Schudel.

Your Name: \_\_\_\_\_

Legal Representative: \_\_\_\_\_

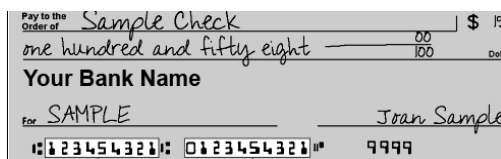
(if you have an LLC or a corporate bank account)

I (the undersigned) I hereby authorize The Performance Zone, Inc. DBA The Field, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

(Select one)  Checking Account or  Savings Account

Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Routing Number

Account Number

Routing Number: \_\_\_\_\_

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

The authority is to remain in full force and effect until The Field has received written notification from me of its termination in such time and in such manner as to afford The Field and depository a reasonable opportunity to act on it.

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_