

ACH DIRECT PAYMENT AUTHORIZATION

HOPE CITY LIVE, INC.

8562 KATY FREEWAY, STE 120 HOUSTON, TX 77024 (832) 648-4673 Finance@hopecity.com

ARE YOU A FIRST TIME PAYEE? IF SO, COMPLETE A W-9 FORM AND RETURN IT TO ACCOUNTS PAYABLE. PAYMENT WILL NOT BE ISSUED UNTIL W-9 IS RECEIVED. PAYEE W-9 IS: ON FILE ATTACHED

* PLEASE CHECK ONE: NEW CHANGE CANCEL

(ACH Direct Payment begins 10 days after receipt of this form is received by the Finance Office)

* NAME OF PAYEE OR VENDOR: _____
First Last

* PAYEE ADDRESS: _____
Street City State Zip

PAYEE EMAIL: _____

ACCOUNT INFORMATION: (complete only for new requests or changes)

* TYPE OF ACCOUNT (check one only) Checking Account Savings Account

* ORIENTATION OF ACCOUNT (check one only) Personal Account Business Account

* Your Financial Institution's Routing Number: _____

* Your Account Number: _____
(Important: Attach a voided check or letter from your financial institution to verify account and ABA routing numbers)

* Financial Institution Name: _____

Address: _____
Street City State Zip

* AUTHORIZATION: (check appropriate line)

I hereby authorize HOPE CITY LIVE, INC. to provide direct payment for any invoice or reimbursement due to me into the above designated account.

If at any time the amount of payment deposited exceeds the amount of payment actually due and payable to me, I hereby authorize HOPE CITY LIVE, INC. at its discretion to either withhold a sum equal to the overpayment from future payments or recover such overpayment from the above designated account.

If any action taken by me results in non-acceptance of a direct payment by the designated financial institution, I understand that HOPE CITY LIVE, INC. assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to HOPE CITY LIVE, INC. by the financial institution.

I hereby cancel my ACH Direct Payment Authorization.

* Signature

* Date

* = Required Fields