

**DES MOINES
EMBASSY CLUB**



Direct Payments Authorization Agreement (ACH Debits)

I hereby authorize the Des Moines Embassy Club, hereinafter called COMPANY, to debit entries to my account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION to debit same to such account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of US law.

embassyclub.com

ACCOUNTING DEPARTMENT

666 Grand Avenue, 34th Floor
Des Moines, IA 50309
515.245.3764
c.popenhagen@embassyclub.com

(Financial Institution Name)

(Address)

(City, State)

(Zip)

(Routing/Transit Number)

(Account Number)

Type of account: Checking Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual name)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM