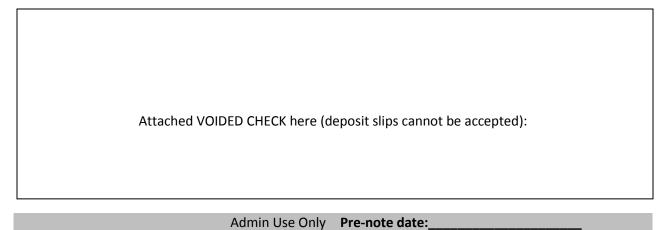
Event Services, LLC

Authorization Agreement for Direct Deposit

I hereby authorize Event Services, LLC to initiate credit entries or, if necessary, debit entries for any credit error to the following bank account:

Check One:	Checking	Savings
Bank Name:		
ABA / Routing Number:		
Account Number:		
Amount: Specify \$ amount or ALL— no percentages.		
Employee Name Printed:		
Employee Signature:		Date:

PLEASE NOTE: Your account will be tested on the first pay date following receipt of this authorization. A paper check will still be issued. A live deposit will occur on the pay date following the test. It is your responsibility to notify your supervisor or payroll personnel of any changes to your account information.



Live deposit date: