



Payment Authorization Form

Please choose your payment option:

Payment by check:

Company Name & Address

Remit to address (if different from above)

ACH Authorization:

We hereby authorize the Ernest N. Morial Convention Center – New Orleans to initiate entries into our Company’s checking account at the financial institution listed below. This authority will remain in effect until notified in writing to cancel it in such time as to afford the Company and the financial institution a reasonable opportunity to act on it. **PLEASE INCLUDE A COPY OF YOUR VOIDED CHECK.**

Company Name & Address

Name of financial institution

Address of Financial Institution – Branch, City, State & Zip

Contact Number for Financial Institution

Account Number

Routing Number

Length of time this account has been opened

If you would like to receive notification of the ACH payment, please provide an email address.

Notification email address

Signature