

CAESARS SUPERDOME AUTHORIZATION FORM

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Company Name:	CEASARS SUPERDOME GARAGE			
<p>I hereby authorize CAESARS SUPERDOME GARAGE to initiate DEBIT entries and to initiate, if necessary, CREDIT entries and adjustments for any DEBIT entries in error to my (<i>select one</i>)</p> <p><input type="checkbox"/> checking or <input type="checkbox"/> savings account at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.</p> <p>I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U. S. law.</p>				
Depository Financial Institution Name:		Card No.		
Branch:				
City:		State:		Zip:
Routing #:				
Account #:				
Dollar Amount				
<p>IMPORTANT: Attach a VOIDED check(voided deposit slip for savings account) for the above referenced account to this form.</p>				
<p>This authorization is to remain in full force and effect until CAESARS SUPERDOME GARAGE has received written notification from me of its termination by the twentieth of the month for the next month's payment.</p>				
Customer Name				
Street Address	(Please Print.)			
City State Zip Code				
Signature				
Date				