



Direct Deposit Authorization

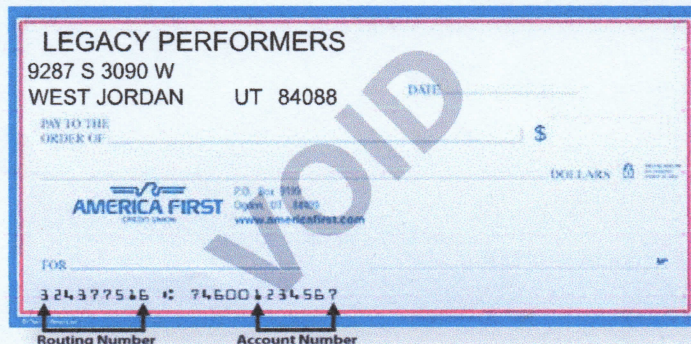
Complete or edit this form and submit it to your employer (or to whomever will be making payments to you to start using Direct Deposit, or change an existing Direct Deposit arrangement. Please make sure that all of your personal information is correct, and keep a copy for your records.

Personal Information

Member Name: LEGACY PERFORMERS (Manager of Mixed Nuts band)
Social Security Number: EIN: 93-2639358 Employee Number: (if Applicable)
Street Address: 9287 S 3090 W
Line 2:
City: WEST JORDAN State: UT Zip: 84088
Home Phone Number: (385) 377-0451 Work Phone Number:

Account Information

My Credit Union is: America First Credit Union Account Type: Checking
Bank Routing Number: 324377516 Account Number: 45400520



Deposit Information

Effective: ☒ Immediately Amount: ☒ Entire Net Pay
☐ Beginning on: ☐ % of Net Pay
☐ Specific dollar amount: \$.00

Authorization

To Employer/Payor Name: Mixed Nuts Venues

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at America First Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

X

Keith Day

Date: 1-4-2024