***Authorization Agreement* FOR AUTOMATIC DEPOSIT OF PAYMENTS VIA ACH**

We hereby authorize the Columbus Zoo Family of Parks (“Columbus Zoo”) to initiate credit entries to our account in the financial institution named below and authorize the financial institution to credit the same to our account.

\*Beginning in January 2025

Furthermore, we will immediately contact The Columbus Zoo, Department of Finance at [invoices@columbuszoo.org](mailto:invoices@columbuszoo.org) in the event of credits posting to our account in error.

We further indemnify and hold harmless The Columbus Zoo from all losses or damages sustained due to circumstances beyond their control resulting in delayed or absence of deposit.

Account changes must be reported to the Columbus Zoo, Department of Finance (via our secure vendor portal at <https://portal.columbuszoo.org/form/v2/vendorinfo> (30) days prior to the effective date of change.

Please complete ALL of the following information:

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (for PO delivery): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxpayer ID/SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Type:   Park Vendor Works With (Check all that apply):

LLC (C Corp)

C Corp

Columbus Zoo & Aquarium/Safari Golf Club

LLC (S Corp)

S Corp

Zoombezi Bay

LLC (Partnership)

Partnership

The Wilds

Other

Business Classification (Check all that apply):

Asian American/Pacific Islander

Native American/

Indigenous

Black/ African American

Hispanic/Latino

Female

Caucasian

Disability Owned

LGBTQIA+

Veteran

Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Account:

Checking

Savings

\*Please attach a copy of a voided check or bank letter confirming the banking information.

Authorized Vendor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Vendor Name, Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_