VITAL SHOW SOLUTIONS

ACH AUTHORIZATION FORM

CONFIDENTIAL BANKING INFORMATION · Revised August 2026

Fraud warning — read this first. VSS will never email or text you asking you to change your payment instructions, and will never send an "updated" bank form out of the blue. If you get a message like that — even one that looks like it came from Nick — do not reply and do not act on it. Call 817.291.3571. A spoofed bank-change email is the most common way a contractor loses a paycheck.

How to submit. Email this form and a voided check or bank letter to hello@vital-av.com. VSS has no encrypted upload, so email is the channel. VSS enters your details in its payment records, then deletes the email and attachments from the inbox, sent folder, and trash. Before paying a new or changed account, VSS calls you back on the number already on file.

Rather not email an account number? Leave "Account number" and "Confirm" blank, black it out on the check, and call or text it to 817.291.3571 — check the box in Section 2. Routing numbers are public and can stay on the form.

1. PAYEE

Legal / business name (must match W-9)		**Email**	
Request type	☐ New setup ☐ Bank change	**Account name matches the W-9 payee name?**	☐ Yes ☐ No — explain below

2. BANK AND ACCOUNT

Financial institution		**Name on account**	
ABA routing number (9 digits)		**Account number**	
Confirm account number		**If account name differs from W-9, explain**	
Account type	☐ Checking ☐ Savings	**Account classification**	☐ Business ☐ Personal
Check all that apply	☐ Voided check attached ☐ Bank letter attached ☐ Account number left blank on purpose — I will call or text it to 817.291.3571		

3. AUTHORIZATION, CERTIFICATION, AND SIGNATURE

I authorize Vital Show Solutions ("VSS") to send ACH credits to the account above for amounts payable to me or my business, and — only to recover a credit made in error, and only as far as law and ACH rules allow — to send a correcting debit. No other debit is authorized. This stays in effect until VSS receives my written revocation and has a reasonable chance to act on it; revocation does not affect entries already initiated.

I certify that I am an authorized signer or owner of this account, that it can receive ACH deposits, and that everything on this form is complete and accurate. I will notify VSS promptly of any change. VSS may require a new signed authorization, supporting documents, and independent verification before changing payment information, may hold a change until verified, and may keep using the last approved instructions until then. VSS is not responsible for delays, rejected payments, or misdirected funds caused by incomplete, inaccurate, fraudulent, or unverified information supplied by me, the account owner, or the bank.

I understand that email is not encrypted, that VSS told me so, that a two-step option was offered, and that I chose how to submit this form. This form sets the method of payment only — it does not change my rates, invoicing requirements, expense reimbursement, payment timing, or my workers' compensation track, which are governed by the Agreement, the Billing Policies, and my Designation. Any amount VSS deducts, offsets, or withholds still appears as a separate, labeled line on the invoice or remittance, and I may request a written statement of it at any time. Electronic signatures and copies may be treated as originals.

Signature		**Printed name**		**Title / capacity**	
Date		**Effective date**		**Phone**	