



PO Box 657, Sterling, IL 61081-0657

ACH Authorization Form

VENDOR INFORMATION

Legal Business Name: Desert Fox Golf, LLC DBA (if applicable): _____

Street Address: 40 W. Baseline Rd, STE 118 Telephone Number: _____

City, State, Zip: Mesa, AZ 85210 Fax Number: _____

Remittance Contact Name: Scott Kovesdy Primary Remittance email*: scott@desertfoxgolf.com

Remittance Contact Phone: 480-628-3611 Secondary Remittance email: _____

Terms Option: Pre-Paid Vendor (if necessary)

(Select one)**: Pre-Paid Vendor Net 30 Net 60 Net 90 Net 120 Net 150 Net 180 Net 210 Net 240 Net 270 Net 300 Other

* Note: The Primary Remittance E-mail field is required, as payment notification and remittance details will be provided via e-mail.

** _____

BANKING INFORMATION

Bank Name: Bank of America Bank Contact: _____

Street Address: 3075 S Alma School Rd Telephone Number: 480-726-3630

City, State, Zip: Chandler, AZ 85248 Account Number: 457038738010

Name on Checking Account: Desert Fox Golf Transit Routing/ABA No (9 digit #)^: 122101706

^ Note: Checking accounts should be used for ACH payments. If a Savings account is requested, please check the following box - Savings Acct:

^^ Note: Please verify with your bank that the Transit Routing/ABA Number provided is the correct one for ACH transactions, NOT wires. (Must be 9 digits)

VENDOR AUTHORIZATION

I certify that the above information is true and correct, and that I am authorized to act as a representative for the above named company. Accordingly, I hereby authorize Halo Branded Solutions ("Halo") to electronically deposit payments directly to the designated bank account, and to withdraw from that account, upon Halo's notice to the Bank, any amounts deposited by Halo to which the Vendor is not entitled. The Vendor further authorizes and directs the Bank to accept such deposits and to permit such withdrawals. This authorization is to remain in full force and effect until Halo has received written notification from Vendor of termination, in such time and in such manner, as to afford Halo and/or the Bank reasonable time and opportunity to act on it.

Name of Authorized Signer: Scott L. Kovesdy Title: Owner

Authorized Signature: Date: 3-30-2023

Please e-mail or mail this completed and signed form to the attention of "ACH Team", using of the following options:

Via E-mail: ACHPayments@Halo.com

Via Mail: ACH Team

Halo Branded Solutions
PO Box 657, Sterling, IL 61081-0657

FOR HALO INTERNAL USE ONLY

Received from Vendor: _____ Halo Employee: _____

Date Test ACH Sent: _____ Halo Employee: _____

Test ACH Confirmed: _____ Halo Employee: _____

Setup in Fourgen/M3: _____ Halo Employee: _____

Vendor Code: _____ Primary Remit to Location: _____

New Terms Choice Code: _____