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Vendor ach enrollment form template

B&B

DIRECT DEPOSIT FORM

This is an authorization agreement for automatic deposits [ACH Credits].

Company/Employer Name _____

I authorize the above named Company/Employer and the financial institution listed below to electronically deposit my net pay to the specified account each payday:

☐ Checking Account ☐ Savings Account

Bank Name _____

B&B†

Routing Number _____

Account Number _____

If monies to which I am not entitled are deposited to my account, I authorize my Company/Employer to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said Company/Employer.

PRINT Name _____

Social Security Number _____

Signature _____

Date _____

Staple, in this box, a VOIDED check or deposit ticket for the account indicated above.

Return this completed form to your Company/Employer.

Revised 05/01 B&B Form 00703 (08/01)

Form 00703 (08/01)

<div>   </div> <div> ACH Direct Payment Method Authorization Agreement South Plains Community College of Inmate </div>	
Name _____	
Address _____ _____ _____	
City/State/Zip _____	
Account Number _____	
Routing Number _____	
ACH Authorization Number _____	
ACH Authorization Expires _____	
ACH Authorization I, the undersigned, hereby authorize the South Plains Community College of Inmate to debit my bank account for the amount of my tuition and fees. I understand that this authorization is for a period of 12 months from the date of this agreement, and I understand that I may revoke this authorization at any time by notifying the South Plains Community College of Inmate in writing. I understand that this authorization is not valid unless it is signed by me.	
Signature of Student _____	
Signature of Parent/Guardian _____	
Signature of Teacher/Advisor _____	
Signature of School Official _____	
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Signature of School Official _____	
Signature of Student _____	
Signature of Parent/Guardian _____	
Signature of Teacher/Advisor _____	

INDEPENDENT CONTRACTOR NON-DISCLOSURE AGREEMENT

1. **THE PARTIES.** This Independent Contractor Non-Disclosure Agreement, hereinafter the "Agreement", entered into the ____ day of _____, 20____, hereinafter the "Effective Date", is by and between _____ of _____, City of _____, State of _____, hereinafter known as "Client",

AND _____ of _____, City of _____, State of _____, hereinafter known as the "Independent Contractor". Both Client and Independent Contractor shall be mentioned collectively as the "Parties".

WHEREAS, the Parties agree as follows:

2. **STATUS.** The Parties agree that the Independent Contractor is not an employee or an owner of any of the information that is to be disclosed by the Client and is strictly being paid as a "work made for hire" in accordance with 17 U.S.C. § 201 (b). In addition, the Parties agree that:

- a. **Relationship.** Nothing contained in this Agreement shall be construed to create the relationship of employer and employee, principal and agent, partnership or joint venture, or any other fiduciary relationship. If any ownership interests do exist by the Independent Contractor it shall be mentioned and detailed in a separate agreement.
- b. **Services.** The Parties agree that the Independent Contractor is to be performing "Services" in an effort to create a final Work Product, as defined in Section 4 (a) of this Agreement, in exchange for payment that is outlined in a separate agreement.
- c. **No Authority.** Independent Contractor shall have no authority to act as agent for, or on behalf of, Client, or to represent Client, or bind Client in any manner.

3. **CONFIDENTIAL INFORMATION.** For the purposes of this Agreement, the term "Confidential Information" shall include, but not be limited to, documents, records, information and data (whether verbal, electronic or written), drawings, models, apparatus, sketches, designs, schedules, product plans and developments, marketing plans, technical procedures, manufacturing processes, analyses, compilations, studies, software, prototypes, samples, formulas, methodologies, algorithms, patent applications, know-how, experimental results, specifications and other business information, relating to Client's business, sales, operations or contracts, furnished to Independent Contractor and/or Independent Contractor's affiliates, employees, officers, owners, agents, consultants, subcontractors or representatives, in the course of their work contemplated in this Agreement, regardless of whether such Confidential Information has been expressly designated as confidential or proprietary. Confidential Information also includes any and all communications, work products, and other data or material prepared by or in the possession or control of the Independent Contractor, which contain,


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SPECIAL EVENT PERMIT
VENDOR APPLICATION FORM

Please complete the following information

Special Event Name _____
Business Name _____
884 (if different than business name) _____
Primary Contact Person: _____ Title: _____ Telephone No.: _____
Business Mailing Address: _____ Email _____
Street Name: _____
City _____ State _____ Zip Code _____
Physical Address (if different than mailing address) _____
Street Name _____
City _____ State _____ Zip Code _____
State Sales Tax Identification Number (STIN) _____

Is the Town of Cambridge listed as a Program City under the above 12 number?
☐ YES or ☐ NO



Charles H. MacNider Museum

Class Registration Form

Please fill this form, complete it, and turn it with your check or credit card information to:

Charles H. MacNider Museum
 303 2nd St SE, Macon City, GA 31204-1
 661-821-3666

Name _____

State & Age of Participant _____

Address _____

City, State, Zip _____

Phone (Home/Business) _____

E-Mail _____

Class _____	Dates _____	Fee \$ _____
Class _____	Dates _____	Fee \$ _____
Class _____	Dates _____	Fee \$ _____

TOTAL ENCLOSED \$ _____
 (Checks payable to MacNider Art Museum)

Mastercard/Visa/Discover (please circle) _____

Account # _____

Exp. Date _____

Signature _____

*Please note: REFUND REQUESTS will be honored if the request occurs **ONE WEEK PRIOR** to the starting of the class.

Adding a Gift Certificate? _____

Name _____

Address _____

City, State, Zip _____

Phone (Home/Business) _____

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