



AUTHORIZATION FOR DIRECT PAYMENT DEPOSIT

As a spa property participant in the Spa & Salon Wish Day Spa Program I hereby authorize Spa & Salon Wish and the financial institution named below to automatically deposit amounts owed to me in respect of Spa & Salon Wish Gift Certificates/Gift Cards redeemed by my spa property and submitted to Spa & Salon Wish for payment. (This authorization includes my authorization to Spa & Salon Wish to reverse any payments made in error.)

I acknowledge that in the event I redeem any Gift Certificate/Gift Card via Spa & Salon Wish's online redemption system, Spa & Salon Wish may, within fourteen (14) days of redemption, require me to send the original Gift Certificate/Gift Card directly to Spa & Salon Wish. If Spa & Salon Wish has not made such a request within this period, I acknowledge that it is my responsibility to thereafter destroy all Gift Certificates/Gift Cards which I have redeemed.

I acknowledge that I will only submit for redemption Gift Certificates/Gift Cards actually redeemed by my spa property. In the event that any Gift Certificate/Gift Card submitted by my spa property for redemption is thereafter re-submitted by any other spa property for redemption, I will indemnify, defend and hold harmless Spa & Salon Wish for all costs incurred by Spa & Salon Wish in connection with such re-submission.

I acknowledge that by selecting to be paid by Direct Deposit (ACH) I will receive an email once my payment has been wired with details of exactly which Gift Certificates/Gift Cards numbers I am being reimbursed for.

Please fill out the form completely and attach a voided check. Make sure that the preprinted name on the submitted check matches the name of the business you have provided for your listing. No starter checks without preprinted business name will be accepted. No personal checks will be accepted. We cannot deposit payment into a personal account unless dba is printed on the check. Your request for Direct Deposit cannot be processed without a voided check enclosed.

You may fax the form along with voided check to (646)736-0123. This authorization is to remain in force until Spa & Salon Wish shall receive written notice to the contrary.

Spa Property Name: _____

Spa Property Address: _____

Spa Property Email Address: _____

Financial Institution Name: _____

Financial Institution Routing No: _____

Financial Institution Branch, City, and State: _____

Checking Account No.: _____

Print Name
646-871-5819

Spa ID # (If you don't know, call

Signature

Date