



**ON-SCREEN ADVERTISING
ACH**

Company Name _____

I (we) hereby authorize _____ Mitchell
Theatres to initiate debit entries to my (our) bank account.

Account Holder Name _____

City _____ State _____ Zip _____

Bank Routing Number _____

Account # _____

This authority is to remain in effect until Mitchell Theatres has received written notification from me (or either of us) of its termination in such time as to afford Mitchell Theatres and depository a reasonable opportunity to act on it.

Name _____
(Please print) (Please print)

Signed _____

Dated _____

Email: _____



ON-SCREEN ADVERTISING
Invoice & Receipt Preference

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____

Email _____

Theatre/Theatres Advertising at _____

Invoice/Receipt Preference
(Please select one)

Mail

☐

Email

☐