

Financial Information Form - Dine Around Downtown 2025

Please fill in your ACH banking information (page 1) and credit card information (page 2). Once complete, upload the completed form through this [LINK](#).

Corporate Courtesy Card Servings Agreement / ACH Banking Information

To help promote Dine Around Downtown and your restaurant, the Downtown Alliance will engage with a number of neighborhood corporations to encourage their employees to attend the event. A limited number of Corporate Courtesy Cards will be provided so that their employees can sample participants' offerings free-of-charge to them. We ask that you provide a complimentary serving to guests who present you with a Corporate Courtesy Card and place these cards in the envelope that will be provided to you upon arrival. A staff member will collect the envelope from you at the end of the event, and **the Downtown Alliance will reimburse you \$10 for each card submitted** regardless of whether or not they choose a less expensive menu item. Reimbursements will be issued via Electronic Funds Transfer (EFT) within thirty (30) days. Please provide the following information below in order for you to receive payment.

Restaurant Name: _____

Name on Bank Account: _____

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

Account type:

"Checking"

"Savings"

Corporate Courtesy Card Servings Agreement Verification

By checking this section I understand that by typing my name and dating at the end of this application form, I am signing this Agreement electronically and agree to serve a complimentary serving to guests who present a Corporate Courtesy Card at Dine Around Downtown. In addition I understand and agree that I will return these cards to the Downtown Alliance in the envelope provided, and that Downtown Alliance will reimburse me \$10 via Electronic Funds Transfer (EFT) within thirty (30) days for each Corporate Courtesy Card submitted.

Credit Card Payment Information
For any requested rentals and security deposit authorization

Restaurant Name:

Name on Card:

Card Number:

Expiration:

MM YY

Security Code:

Billing Zip Code:

Billing Email:

The credit card information provided above is confidential and shall not be disclosed to third parties except to pay for the above referenced expenses of a requested grill or electric line (if applicable), as well as a good-faith deposit should you withdraw from participating.

By checking this box, I authorize the Alliance for Downtown New York, Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this payment authorization is for the costs listed above for any grill rental or electric line reservation I may have requested, as well as for the good-faith deposit amount that will only be charged should I withdraw from participating in Dine Around Downtown 2025. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.