



# PAYMENT AUTHORIZATION – FORM 2

## MUST BE COMPLETED BY PAYEE

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

## REQUIREMENTS For Reimbursement

\_\_\_ Authorization Form 1 – completed and signed by EVUSA Officer/VP

\_\_\_ Authorization Form 2 – completed and signed by Payee

\_\_\_ Detailed receipts & Invoices for all expenses

\_\_\_ W-9 for all private contractors

\_\_\_ Payment Method must be selected below:

## PAYMENT METHOD

Select ONE payment method

CHECK - Mailing Address (if different from above) \_\_\_\_\_

PAYPAL: PayPal ID \_\_\_\_\_

ZELLE: Zelle Handle \_\_\_\_\_

BANK WIRE TRANSFER: *If yes, EVUSA Wire Transfer Form (Form 3) MUST be completed.*

**Release of Liability:** American Vaulting Association dba EVUSA shall have no liability for payments made to an incorrect account or for any delays in payment resulting from Payee's failure to provide accurate information. American Vaulting Association dba EVUSA's obligation to pay is deemed fulfilled once funds are transferred according to the instructions provided by the Payee. Should an error occur, American Vaulting Association dba EVUSA reserves the right to deduct any fees or exchange rate differences from the final payment sent to the Payee.

I confirm that my above payment information is correct and confirm release of liability: \_\_\_\_\_ (initial)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Payee

3/18/26