

THIRD-PARTY ACCOUNTS PAYABLE AUTHORIZATION FORM

In order to be compliant with Informa Connect's security procedures, Informa must be able to confirm any changes to accounts and banking details directly with the individual.

Please fill out the information below to grant access to an individual and/or agency to make changes on your behalf.

I _____ (client) hereby grant authorization to the person(s)/agency listed below to make changes and/or updates to my payment/banking information in relation to events executed by Informa Connect.

AUTHORIZED INDIVIDUAL/AGENCY

RELATIONSHIP WITH AUTHORIZED INDIVIDUAL/AGENCY

PHONE NUMBER OF AUTHORIZED INDIVIDUAL/AGENCY

EMAIL OF AUTHORIZED INDIVIDUAL/AGENCY

Signature

Date