

ACH Authorization

By completing this form and signing below you authorize Jets Stadium Development LLC (or "JSD") to initiate electronic debits to the bank account you provide, or to any updated bank account that you subsequently supply to JSD (your "Account"), for the payment of Personal Seat License [or "PSL"] installments. These debits will be made, according to the option that you select, in the amount and on the payment dates specified on the applicable PSL invoice, or in any subsequent pricing notification.

You agree that JSD may reinitiate any electronic debit to your Payment Method that is unsuccessful. For example, JSD may, at their option, debit your Payment Method for a prior unsuccessful payment amount plus the scheduled payment amount. If two debits are not honored on first submission, JSD, in their sole discretion, have the right to remove you from an automatic payment option. Your bank may charge you a fee if a debit is not honored, and JSD will have no liability for any such fee. JSD may initiate a credit or debit, as applicable, to your Payment Method to correct any error JSD may have made in seeking a payment.

You may change or terminate your Payment Method authorization at any time by contacting your New York Jets Representative. It may take up to three business days for the change to take effect. JSD reserves the right to terminate this authorization at any time. If this authorization is cancelled or terminated, you must set up other payment arrangements for any remaining payments due.

Account Holder Signature

Date of Authorization

Checking Account Information *Attach a voided, unsigned check to the form* Bank Name _____

Transit/ABA No. (First nine digits encoded on your check)

Bank Account Number

Season Ticket Holder Information: Holder Name (please print) _____

Account Number (listed on invoice) _____ Account Holder Telephone Number _____

Account Holder Email _____

----- keep a copy for your records -- cut here to keep a copy -----

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Account Number (listed on invoice) _____ Account Holder Telephone Number _____

Account Holder Email _____

To enroll or update your bank information, return this completed form to:
New York Jets, Attn: Ticket Department, One Jets Drive, Florham Park, NJ 07932
Send us a fax at 973-201-0086
Attach a voided, unsigned check to the form
Send us an email at service@newyorkjets.com