

# Direct Deposit Authorization Form (Individual)

**NEW      CHANGE      STOP      Payroll Effective Date:** \_\_\_\_\_

- Return this form, along with a voided check, to your payroll manager or payroll/accounting department. They will contact you if there are any questions.
- Direct Deposit may be terminated at GEP Payroll Services' (GEP) sole discretion.
- Funds will normally be available 48 to 72 hours from the check date. Please contact GEP directly at 818.955.6000 with any questions.
- Additional documents may be required by AFM-SAG-AFTRA FUND.

**NOTE:** You may have funds automatically deposited in up to two financial institutions. The total amount must equal 100% net.

<b>Primary Bank Name:</b> _____	<b>Checking</b>	<b>Savings</b>
_____ % of Net      _____ .00 Flat Amount		
<b>Primary Transit Routing Number:</b>	<b>VOIDED CHECK or BANK FORM REQUIRED:</b> must match the name and include both Routing and /account Numbers.	
<b>Primary Account Number:</b>		

<b>Secondary Bank Name:</b> _____	<b>Checking</b>	<b>Savings</b>
_____ % of Net      _____ .00 Flat Amount		
<b>Primary Transit Routing Number:</b>	<b>VOIDED CHECK or BANK FORM REQUIRED:</b> must match the name and include both Routing and /account Numbers.	
<b>Primary Account Number:</b>		

I, the Employee signing below, understand that I have the option to be paid by paper check or direct deposit and that my employer cannot require me to use direct deposit or charge me any fees for services to access my direct deposit in full. I freely authorize GEP as my employer's pay agent to initiate direct deposits to my checking and/or savings account (s) based on these percentages or flat dollars of net pay per check in this Authorization.

Additionally, I acknowledge that the origination of the ACH transactions to my bank account must comply with the provisions of U.S. Law. If monies to which I am not entitled are deposited to my account, I authorize GEP to direct the financial institution to return said funds and I authorize the financial institution to act on GEP's direction and to return said funds. This authority will remain in effect until GEP as pay agent has received written notification from me of its termination in such time and in such manner as to afford GEP and the financial institution a reasonable time to act on it.

**EMPLOYEE NAME:**  **SHOW NAME:**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SSN/TAX ID:** \_\_\_\_\_

By signing and submitting this form, you acknowledge that you have read and agreed to the following Terms and Conditions: I authorize both AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund ("FUND") and SAG-AFTRA and Industry Sound Recordings Distribution Fund ("SRDF") to utilize my banking information where applicable for distribution purposes. Also, I understand that my information may be shared with any entity that the Fund may administer/distribute for on my behalf, now and in the future, and this authorization will remain in effect until canceled in writing, signed, and dated by me.

# Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and [privacy](http://www.irs.gov/privacy).

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works**

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$		
	Add the amounts above and enter the total here . . . . .	3	\$
<b>Step 4 (optional):</b> Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)