

Direct Deposit Authorization Agreement

COMPLETE THIS FORM, SIGN AND RETURN TO:

**AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund
4705 Laurel Canyon Blvd., Suite 400, Valley Village, CA 91607**

Please indicate whether this is:

- New Authorization
- Change Authorization

Please specify to which account deposit is to be made:

- Checking Account – Business/Trust – ***please include W-9***
If you desire that your payments be made to any entity other than yourself, you MUST include a Letter of Direction so stating, along with a W-9 Form.
- Checking Account – Personal
- Savings Account – ***please include deposit slip with account number***

ROUTING NUMBER

ACCOUNT NUMBER

_____ BANK NAME

_____ FUND PARTICIPANT NAME

_____ ACCOUNT HOLDER

_____ ADDRESS

_____ SIGNATURE (must be signed by account holder)

_____ PHONE NUMBER

_____ EMAIL ADDRESS

_____ DATE

_____ SOCIAL SECURITY NO./TAX I.D. NO.

- TIP** Call your financial institution to make sure they will accept direct deposits.
- TIP** Verify your account number and routing transit number with your financial institution.
- TIP** Do not use a deposit slip to verify the routing number.

Must be a U.S. bank account.

0444
90-2293/3222

JODIE MUSICIAN
123 MAPLE AVE
LOS ANGELES, CA 91201

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

Finlayson National Bank
Anyburg Financial Centre 0103
 3742 Walnut Ave.
 Anyburg, CA 90046
 1-800-555-1551
 24 Hour Customer Service

FOR _____ MP

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HARLAND 1998

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routing number account number check sequence number

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 profile information where applicable for distribution purposes. Also, I understand that my information may be shared with any entity that the Fund may administer/distribute on my behalf, now and in the future, and this authorization will remain in effect until canceled in writing signed and dated by me.