



**Intellectual Property Rights
Distribution Fund**
www.afmsagaaftrafund.org
PH (818) 255-7980 FAX (818) 255-7985

**SAG-AFTRA & INDUSTRY
Sound Recordings Distribution Fund**
4705 Laurel Canyon Blvd., Ste. 400
Valley Village, CA 91607

Direct Deposit Authorization Agreement

PLEASE RETURN TO:

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

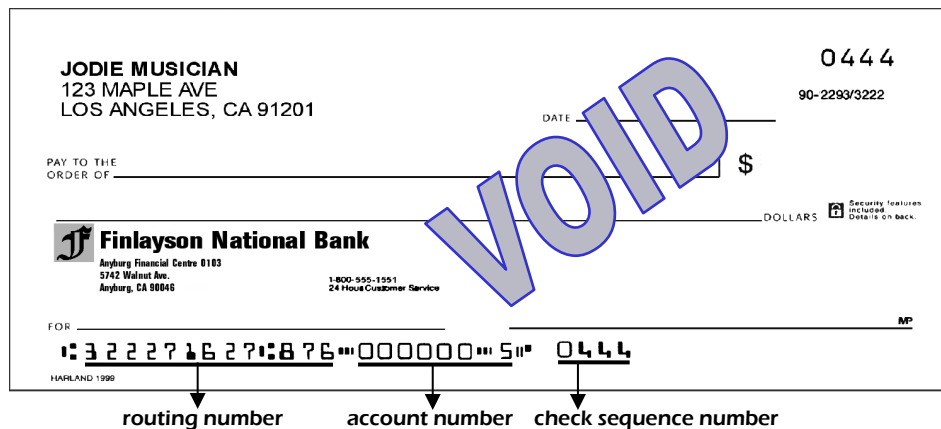
Please indicate whether this is:

- 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***

Attach a voided check to this Authorization form (for checking account deposit). Must be a U.S. bank account.



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.

By signing and submitting this form, you acknowledge that you have read and agree 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. I understand that this authorization may take up to 30 days to go into effect and once in effect, will remain in place for distributions from both organizations until I have canceled it in writing signed and dated by me.

Thank you for choosing Direct Deposit.