

Direct Deposit Authorization Agreement

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

AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund 4705 Laurel Canyon Blvd., Suite 400, Valley Village, CA 91607	
Please indicate whether this is:	Please specify to which account deposit is to be made:
New Authorization Change Authorization	Checking Account – Business/Trust If you desire that your payments be made to <u>any</u> entity other than yourself, <u>you MUST include a Letter of Direction</u> 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.	
JODIE MUSICIAN 123 MAPLE AVE LOS ANGELES, CA 91201 PAY TO THE ORDER OF Finlayson National Applyors Resorted Centre 8185 3742 Western 28185 Anghors, CA 98046 FOR 1: 3 2 2 2 7 1 5 2 7 1: B 7 HAPLAND 1990 routing number	1-800-959-1951 24 Hous Customer Sandon
ROUTING NUMBER	ACCOUNT NUMBER
BANK NAME ACCOUNT HOLDER	FUND PARTICIPANT NAME ADDRESS
SIGNATURE (must be signed by account holder)	PHONE NUMBER EMAIL ADDRESS

PLEASE RETURN TO:

By signing and submitting this form, you acknowledge that you have read and agree to the following Terms & Conditions:

I, the above-signed individual, authorize the AFM & SAG-AFTRA Intellectual Property Rights Distribution Fund ("the Fund"), to deposit any amount owed me to the financial institution for which I have provided the bank account information above. If the Fund erroneously deposits money into this bank account, I authorize the Fund to direct the financial institution handling this bank account to debit my account for an amount not to exceed the original amount of the erroneous credit. I acknowledge that by receiving electronic deposits into this U.S. bank account, this bank as a financial institution must comply with any applicable provisions of U.S. law. I understand that this authorization may take up to 30 days to go into effect and once in effect, will remain in place for all Fund royalty distributions made after his authorization until I have cancelled it in writing, by sending a letter signed by me to the address listed above.

DATE

Thank you for choosing Direct Deposit.