

## 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.

**Must be a U.S. bank account.**

- 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.

0444  
90-2293/3222

JODIE MUSICIAN  
 123 MAPLE AVE  
 LOS ANGELES, CA 91201

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

**Finlayson National Bank**  
Anyburg Financial Centre 0103  
 5742 Walnut Ave.  
 Anyburg, CA 95846  
 1-800-555-1551  
 24 Hour Customer Service

FOR \_\_\_\_\_ MP

⑆ 3 2 2 2 7 1 6 2 7 1 8 7 6 ⑆ 0 0 0 0 0 0 ⑆ 5 0 ⑆ 0 4 4 4

HARLAND 1998

↓
↓
↓  
 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 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.