AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH TRANSFERS)

(This service is available only to bank accounts within the United States.)

I hereby authorize Music Services, Inc. to electronically deposit any and all royalty payments due me into my bank account established at the Financial Institution and under the Account Number indicated below. If money to which I am not entitled is deposited to my account, I hereby authorize Music Services, Inc. to direct the Financial Institution to return or credit said funds. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.

Financial Institution Name: _____

Person/Business Account Name: _____

Type of Account *(please select one):* Personal Checking: __ Business Checking: __

-- or --

Personal Savings: __ Business Savings: __

Routing Number: _____ **Account Number:** _____

(Note: The Routing Number is commonly a 9-digit number that appears at the bottom left of the check. See example below.)

Sample Check (Please send a voided check, not a deposit slip.)

Account Name Account Address Account City, State, Zip	Check No. xxxx Date _____
Pay to the Order of _____	$ _____
_____	Dollars
Memo _____	_____ *Signature*
xxxx *(Check No.)* 123456789 *(Routing Number)*	099999-9999999 *(Account Number)*

This authorization will remain in full force and effect until I have filed a new authorization, or until revoked by me in writing to Music Services, Inc., 5409 Maryland Way, Suite 200, Brentwood, TN, 37027, in such manner as to afford Music Services and the Financial Institution a reasonable opportunity to act on it.

Music Services Account Information:

(Your Music Services account number is printed on your statement. This number will begin with either an A, P, or W. Direct deposit is only setup per Music Services account. If you have more than one Music Services account and wish to set direct deposit up for all of them, please provide all applicable account numbers.)

Music Services Account #: _____

Name on the Music Services Account: _____

Address on the Music Services Account: _____

City, State, Zip on the Music Services Account: _____

Agreed to by:

Name (printed): _____

Contact information: Phone: _____ **Email:** _____

(In case we need to contact you regarding this matter.)

Signature: _____ **Date:** _____

Please email, mail, of fax this completed form along with a voided check. If emailing, please attach a scanned voided check with this form. We must have a voided check to complete the direct deposit setup.

Email: info@musicservices.org
Mail: 5409 Maryland Way, Suite 200, Brentwood, TN 37027 (ATTN: Steven Zahn)
Fax: (615) 371-1351 (ATTN: Steven Zahn)