



SAG-AFTRA RESIDUALS CHECK AUTHORIZATION FORM

You are hereby authorized and directed to send my residual checks for the production or markets listed below to the following franchised talent agent:

Agency Name: _____

Agency ID #: _____

DATE

ARTIST'S SIGNATURE

SOCIAL SECURITY NUMBER

ARTIST'S NAME (Printed or Typed)

LOAN OUT COMPANY NAME

FEDERAL ID#

Initial below from Section A or Section B. If both are selected SAG-AFTRA will default to Production only:

SECTION A: All Commissionable Residuals Check Authorization

_____ NETWORK PRIMETIME/ Exhibit A/ CW (All Commissionable Checks)

_____ NON-NETWORK (SYNDICATION)/ NON-PRIMETIME FREE TV (All Commissionable Checks)

For Section A Only: This Authorization SUPERSEDES ANY PRIOR DATED AUTHORIZATION that SAG-AFTRA may have on file for me with this agency or any other agency.

SECTION B: Episodic Check Authorization Only (Network Primetime/ Exhibit A/ CW, Non-Network (Syndication)/ Non-Primetime Free TV)

Production Company: _____

Production Series/Title: _____

Production Episode #/ Title: _____

Please deliver to either office:

Los Angeles SAG-AFTRA: Professional Representatives Dept., 5757 Wilshire Bl., 7th Fl., Los Angeles, CA 90036

New York SAG-AFTRA: Professional Representatives Dept., 1900 Broadway, 5th Floor, New York, NY 10023

This authorization will remain in effect until **WRITTEN** notice of revocation is made by actor. I hereby agree to indemnify and hold SAG-AFTRA harmless of and from any and all loss, cost or expense which may be incurred or suffered by SAG-AFTRA, by reason of any action taken by SAG-AFTRA, in reliance upon this authorization. SAG-AFTRA will accept **ORIGINAL** signatures only, no photocopies. This authorization covers work in SAG-AFTRA's jurisdiction. Please retain copies for your records.