



SAG-AFTRA TV RESIDUALS CHECK AUTHORIZATION FORM

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

Agency Name: _____

Agency ID #: _____

_____	_____
DATE	SIGNATURE OF ARTIST
_____	_____
SSN or SAG-AFTRA IDN	ARTIST'S NAME
_____	_____
LOAN OUT COMPANY NAME	FEDERAL ID#

SECTION A: Commissionable Residuals Check Authorization (for other options, please see cover sheet)

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

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

HIGH BUDGET STREAMING - Internet Rental/SVOD, High Budget Foreign (All commissionable checks)

This Authorization SUPERSEDES ANY PRIOR DATED AUTHORIZATION that SAG-AFTRA may have on file for me with this agency or any other agency. Not all residuals are commissionable. For more info, visit: www.sagaftra.org/what-commissionable.

SECTION B: Episodic Check Authorization Only (Network Primetime/ Exhibit A/ CW, Non-Network (Syndication)/ Non-Primetime Free TV, High Budget Streaming(Internet Rental/SVOD, High Budget Foreign))

Production Company:

Production Series Title:

Production Episode #:

Production Episode Title:

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This authorization will remain in effect until **WRITTEN** notice of revocation is made by actor or his/her parent or guardian. 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 all work within SAG-AFTRA’s jurisdiction. Please retain copies for your records.