



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 PARENT/GUARDIAN
_____ 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:

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.

ENCLOSE COPY OF BIRTH CERTIFICATE, COURT ORDER, OR OTHER EVIDENCE THAT THE PERSON EXECUTING THIS FORM IS THE PARENT/GUARDIAN OF ARTIST. In lieu of such evidence, a duly authorized representative of the Agency must execute the following:

The undersigned Agency hereby agrees to defend, indemnify, and hold Screen Actors Guild-American Federation of Television and Radio Artists harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with compliance with this residuals check authorization.

Signature of the Representative or proof of parent/guardianship

Agency Name

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.