

## SAG-AFTRA RESIDUALS CHECK AUTHORIZATION FORM (MINORS)

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

Agency Name:		
Agency ID #:		
DATE	SIGNATURE OF PARENT/GUARDIAN	
SSN or SAG-AFTRA IDN	ARTIST'S NAME (Printed or Typed)	
LOAN OUT COMPANY NAME	FEDERAL ID#	
	RT ORDER, OR OTHER EVIDENCE THAT THE PERSON EXECUTING THIS FORM Is such evidence, a duly authorized representative of the Agency must execute the following	
	ndemnify, and hold Screen Actors Guild-American Federation of Television and Radio Artis losses or suits including attorney fees, arising out of or in connection with compliance wi	
Signature of Re	presentative Agency Name	
SECTION A: All Commissionable Residuals Check A		
NETWORK PRIMETIME/ Exhibit A/ CW	(All Commissionable Checks)	
NON-NETWORK (SYNDICATION)/ NON	-PRIMETIME FREE TV (All Commissionable Checks)	
For Section A Only: This Authorization SUPERS me with this agency or any other agency.	EDES ANY PRIOR DATED AUTHORIZATION that SAG-AFTRA may have on file fo	
SECTION B: Episodic Check Authorization Only (Ne	twork Primetime/ Exhibit A/ CW, Non-Network (Syndication)/ Non-Primetime Free TV)	
Production Company:		
Production Series Title:		
Production Title:		
Production Episode #:		

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.