



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 talent agent:

Agency Name: _____

Agency ID #: _____

DATE

ARTIST'S SIGNATURE

SSN or SAG-AFTRA IDN

ARTIST'S NAME (Printed or Typed)

LOAN OUT COMPANY NAME

FEDERAL ID#

Initial below: Complete either Section A or Section B. If both are selected, SAG-AFTRA will default to Section B.

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 Title: _____

Production Episode #: _____

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.