



TERMINATION OF CHECK AUTHORIZATION(S)

Performer Name - PLEASE PRINT

Social Security # or Performer SAG-AFTRA ID #

Loan Out Company Name (if applicable)

Federal ID# (if applicable)

Dear SAG-AFTRA:

I am writing to inform you that I wish to rescind any and all check authorizations on file at SAG-AFTRA between me and _____ (name of agency).

At this time, I am asking SAG-AFTRA to send any and all checks to my home address:

Sincerely,

Performer's Signature

Date

Mail, Fax, or Email to:

**SAG-AFTRA Residuals Trust Department
5757 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90036-3600**

Fax: (323) 549-6040 Email: residual.trust@sagaftra.org