



## COMMERICAL CHECK AUTHORIZATION FORM

I hereby authorize and direct SAG-AFTRA to deliver the below listed checks (or sums of money) payable to me to the following agency:

Agency Name: \_\_\_\_\_

Agency ID number: \_\_\_\_\_

Please check those that apply:

\_\_\_\_\_ On-Camera      \_\_\_\_\_ Voiceover      \_\_\_\_\_ Hand Model

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ARTIST'S SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**ARTIST'S NAME (Printed or Typed)**

\_\_\_\_\_ **Commercials (Claims only)**

\_\_\_\_\_ **Theatrical Trailers**

\_\_\_\_\_ **Corporate-Educational/Industrials**

\_\_\_\_\_ **Promotional Announcements**

Please note: This authorization shall remain in effect until written notice of the revocation thereof, executed and acknowledged by me, and received by SAG-AFTRA with a copy to the agency listed above.

Please deliver to:

Los Angeles SAG-AFTRA  
Promo Department  
5757 Wilshire Blvd. 7<sup>th</sup> Floor  
Los Angeles, CA 90036