



DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and return a signed copy to racs@actra.ca, along with a copy of a VOID cheque or bank equivalent. Forms can also be returned by mail or fax.

ARTIST INFORMATION

Artist Legal & Stage Name: _____

ACTRA RACS ID#: _____

Street Address*: _____

City, Province/State, Postal/Zip: _____

Telephone: _____

Email Address**: _____

**Note: If you are choosing a USD\$ Account in USA below, you must provide your US address.*
***Statements will be sent from actraracsEFT@actra.ca – please be sure to add it to your email contacts*

BANKING INFORMATION Choose **one** account for your direct deposits:

CAD\$ in Canada:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Transit Number	Financial Institution	Account Number
USD\$ in Canada:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	ABA Routing Number		Account Number

Name appearing on account*: _____

Financial institution: _____

Address of financial institution: _____

**Note: If deposits are directed to a corporate account, tax slips will be issued in the corporation's name.*

I HEREBY AUTHORIZE ACTRA PERFORMERS' RIGHTS SOCIETY (DBA "ACTRA RACS" OR "RECORDING ARTISTS' COLLECTING SOCIETY"), TO DEPOSIT MY PAYMENTS DIRECTLY INTO MY ACCOUNT AND FORWARD MY PAYMENT REPORTS TO THE EMAIL ADDRESS ABOVE.

Signature: _____ Date: _____