

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. Forms may also be returned by mail or fax, see contact information below.

ARTIST INFORMATION
Artist Legal Name & 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 actra:acsEFT@actra:ca – please be sure to add it to your email contacts *SANKING INFORMATION Choose one account only for your direct deposits:
Choose one account only for your unect deposits.
CAD\$ Account in Canada: Transit Number Financial Account Number Institution
USD\$ Account in USA*: 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.
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: