

Authorization Agreement for Direct Deposit of SOCAN Royalty Payments

Personal Details

Full Name of Writer or Publisher Member

SOCAN Member Number/Confirmation Number

Member Mailing Address (A physical address is required for banking purposes. P.O. Box addresses are invalid)

Member E-mail Address

Member Telephone Number

Direct Deposit is available for Canadian and U.S. bank accounts only.

Bank Details

Bank Name

Bank Address

Account Type (Select One):

Chequing/Checking

Savings

Bank Telephone Number

For Canadian Bank Accounts: If you do not have a chequing account, please contact your bank to confirm your transit number, bank code and account number.

For U.S. Bank Accounts: If you do not have a checking account, please contact your bank to confirm your routing number and account number.

Transit Number

Bank Code

Account Number*

5 digits

3 digits

7 or more digits

Routing Number

Account Number

9 digits

7 or more digits

John Smith 123 Main Street Anytown, Province Canada	Date _____ 20__	243
PAY TO THE ORDER OF _____	\$ _____	
_____ /100 DOLLARS		
Canadian Bank Name _____		
Branch _____		
Bank Address _____		
MEMO _____		
⑈ 243 ⑈ ⑆ 00005 ⑆ 23 ⑆ 1234567 ⑈		
Cheque Number	Transit Number	Bank Code
	Account Number	

John Smith 123 Main Street Anytown, State USA	Date _____ 20__	0243
PAY TO THE ORDER OF _____	\$ _____	
_____ /100 DOLLARS		
US Bank Name _____		
Branch _____		
Bank Address _____		
MEMO _____		
⑆ 23456700 ⑆ 12345600 ⑈ 0243		
Routing Number	Account Number	Check Number

* Credit unions: please add the verification number after your account number.

I, personally, or on behalf of the above-mentioned legal entity that I have authority to bind, authorize the Society of Composers, Authors and Music Publishers of Canada (SOCAN) to electronically deposit the royalty payments to the specified account. I verify that the information I have provided is accurate and complies with the SOCAN Distribution Rules, including the requirement that the account be in the name of the member entitled to the performing rights royalties. It is my responsibility to immediately advise SOCAN of any changes to my account details.

Date

Your Name (printed)

Signature

SIN/Security Number/Business Number

Direct Deposit of your royalty payments will only be initiated when SOCAN is in receipt of this completed and signed Authorization Agreement. Please ensure that the above information is complete and accurate.

Your royalty statements will be available to you online. A user ID is required to access your royalty statements online.

To obtain an ID, visit www.socan.ca and click on "Login," then "Need help logging in," then "Create your User ID."

Please mail/fax/email this completed form to:

SOCAN

SOCAN
41 Valleybrook Drive
Toronto, ON M3B 2S6

Telephone: 1.866.307.6226
Facsimile: 416.445.7108
members@socan.ca