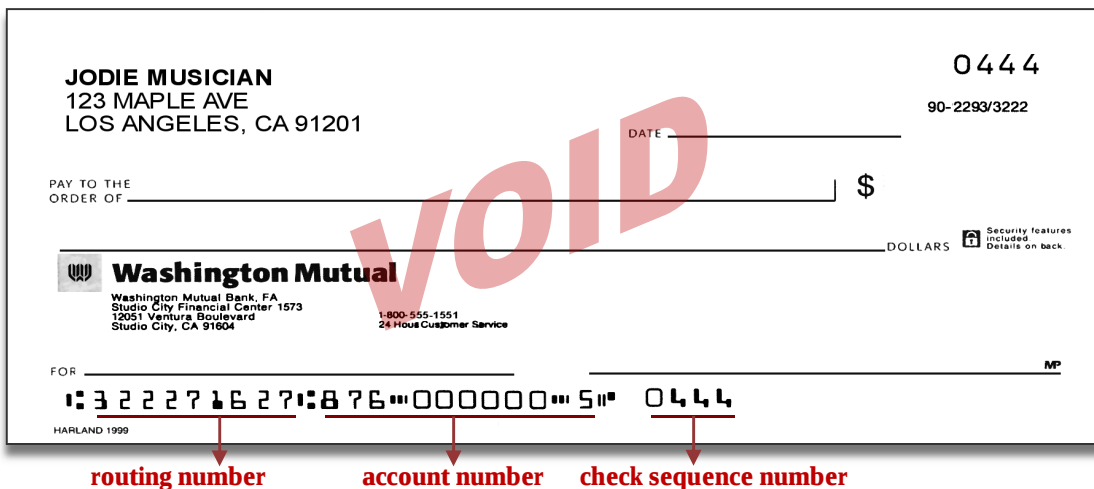


FMSMF/ LTVF Direct Deposit Enrollment Form

DIRECT DEPOSIT IS ONLY AVAILABLE TO U.S.-BASED FINANCIAL INSTITUTIONS

IF A CHECKING ACCOUNT, YOU MAY ATTACH A VOIDED CHECK HERE:



JODIE MUSICIAN
123 MAPLE AVE
LOS ANGELES, CA 91201

0444
90-2293/3222

DATE _____

PAY TO THE ORDER OF _____ \$ _____

Washington Mutual
Washington Mutual Bank, FA
Studio City Financial Center 1573
12051 Ventura Boulevard
Studio City, CA 91604
1-800-555-1551
24 Hour Customer Service

FOR _____ MP

⑆ 3 2 2 2 7 1 6 2 7 ⑆ 8 7 6 ⑆ 0 0 0 0 0 0 ⑆ 5 1 1 ⑆ 0 4 4 4

HARLAND 1999

routing number **account number** **check sequence number**

Type of Account: ☐ **Checking** ☐ **Savings**

Routing/Transit # (include ALL nine digits): _____

Account #: _____

Bank Name: _____

City/State: _____

IMPORTANT! For corporate or business checking accounts, we require bank verification that you are the primary account holder.

I hereby authorize the **FILM MUSICIANS SECONDARY MARKETS FUND** or **LIVE TELEVISION VIDEOTAPE SUPPLEMENTAL MARKETS FUND** ("the **Fund**") to direct deposit residual payments to my account in the financial institution listed above. If residuals to which I am not entitled are deposited into my account, I authorize the Fund to initiate a correct (debit) entry. By Signing up for direct deposit you will automatically be enrolled as Paperless. To opt out, please visit your online account or contact our office.

This authorization is to remain in full force and effect until the **FILM MUSICIANS SECONDARY MARKETS FUND** or **LIVE TELEVISION VIDEOTAPE SUPPLEMENTAL MARKETS FUND** has received written notice from me of its termination in such time and manner as to afford the Fund reasonable opportunity to act on it.

Name: _____ **Social Security #:** _____
(PRINT)

Signature: _____ **Date:** _____