SAG-AFTRA TALENT CHECK AUTHORIZATION FORM

For work in Legacy AFTRA's jurisdiction

TO SAG-AFTRA:	
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I HEREBY AUTHORIZE AND DIRECT SAG-AFTRA TO DELIVER, ALL CHECKS, (OR SUMS OF MONEY) PAYABLE TO ME TO THE FOLLOWING ADDRESS:

Agency Name:

Address:

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.

This authorization SUPERSEDES ANY PRIOR DATED AUTHORIZATION that SAG-AFTRA may have on file for me with this agency or any other agency for the areas initialed by me below.

DATE

ARTIST'S SIGNATURE

SOCIAL SECURITY NUMBER

ARTIST'S NAME (PRINTED OR TYPED)

(SS# or SAG-AFTRA ID#)

THIS AUTHORIZATION IS LIMITED TO THE FOLLOWING AREAS **ONLY**:

ARTIST MUST INITIAL the line to the left of each applicable area. Please circle OC (On-Camera only) or VO (Voice-over only) if applicable. If both OC and VO apply, do not circle either.

TV PROGRAMS (Original payments) (OC & VO) NON-BROADCAST (OC & VO)

 тν	Programs	(original	payment)	NO	BACKGROUND	WORK

TV PROGRAM RESIDUALS (commissionable only)	INFOMERCIALS (OC & VO)

(commissionship 9, non commissionship		
(commissionable & non-commissionable) INTERACTIVE	$(U \land V \cup)$

_____ DAYTIME DRAMA (Original Payments only) RADIO PROGRAMS

PROMOS (OC & VO)

_____ VOICE-OVERS (ALL areas)

ON-CAMERA COMMERCIALS

_____ RADIO COMMERCIALS BILLBOARDS (OC & VO)

SOUND RECORDINGS

__OTHER (Specify below)

BROADCAST/NEWS

HOSTING

INTERSTITIAL

SPECIFIC ENGAGEMENT AUTHORIZATION: This authorization shall apply to the following specific engagement <u>only</u>:

(LA) SAG-AFTRA: Professional Representatives Dept., 5757 Wilshire Bl., 7th Fl., Los Angeles, CA 90036 (NY) SAG-AFTRA: Professional Representatives Dept., 1900 Broadway, 5th Floor, New York, NY 10023