

# media services

## **FREELANCER ACH DEPOSIT AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT PROGRAM**

New Agreement

Change Account

Cancel Agreement

The undersigned hereby authorizes the payroll companies managed by Media Services to make automatic payroll deposits to the undersigned's bank account(s) as designated below.

The undersigned acknowledges and agrees that such automatic payroll deposits may be made only if their designated financial institution is a Participating Depository Financial Institution in the Automated Clearing House system.

The ACH payments can only be made on your behalf once your production company employer has funded the payroll so that the payroll company can proceed with finalization. Once the payroll company finalizes the payroll, the ACH deposit will transfer to your account **2 business days after the finalization date**.

The undersigned agrees that if he or she closes the below-named bank account, or elects to terminate their participation in the Automatic Payroll Deposit Program, the undersigned shall immediately notify the payroll company by completing and delivering a new ACH Deposit Authorization Agreement. If the undersigned fails to notify the payroll company of a closed bank account or their termination in the Automatic Payroll Deposit Program, payroll company shall not be liable for deposits directed to the bank account(s) designated below.

Please note that if you work for a production company employer that participates in the Direct Deposit Program, you must switch to Direct Deposit for that production. A Direct Deposit election supersedes ACH.

If you wish to access your pay slips online rather than receiving a printed copy, please enter your **email address here:** \_\_\_\_\_

Employee Name (print): \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Employee Phone No. \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Select One:**    Checking Account    Savings Account    Percentage: \_\_\_\_%    Amount\$ \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Routing No: \_\_\_\_\_

(See check example next page. Do not use a deposit slip.)

**Select One:**    Checking Account    Savings Account    Percentage: \_\_\_\_%    Amount:\$ \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Routing No. \_\_\_\_\_

(See check example next page. Do not use a deposit slip.)

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Please attach a **void check** for checking accounts and/or a **bank form** for savings

Jane A. Doe  
1000 Main St.  
Anywhere, USA 10001

Date \_\_\_\_\_ 3680

PAY TO THE  
ORDER OF \_\_\_\_\_ \$

\_\_\_\_\_ DOLLARS

MEMO \_\_\_\_\_ X \_\_\_\_\_

⑆ 123456789 ⑆ 11484620040 ⑆ 3680

**VOID**

| Routing No. | | Account No. |

## Email completed forms to:

- [rhonda@media-services.com](mailto:rhonda@media-services.com) L.A. Commercials
- [jessicat@media-services.com](mailto:jessicat@media-services.com) L.A. Feature/TV/Web
- [doris@media-services.com](mailto:doris@media-services.com) New York