

## 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.

**Please note:** By default, your payslip will no longer be printed and mailed, but will be available to you online.  
**If you require that we continue to print your payslip, please check this box:**

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

Loanout Business Name (if applicable): \_\_\_\_\_

Employee Email: \_\_\_\_\_ Employee Phone: \_\_\_\_\_

By signing this form, I authorize the employer, or its service or payroll provider, to take deductions from my earnings to adjust previous overpayments if and when said overpayments may occur.

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

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

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

Account Name: \_\_\_\_\_ **\*For Loanouts, the Account Name should be the Loanout Business Name**

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

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

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

Account Name: \_\_\_\_\_ **\*For Loanouts, the Account Name should be the Loanout Business Name**

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

**Email completed forms to:**      [jessicat@mediaservices.com](mailto:jessicat@mediaservices.com)      Los Angeles

[shameel@mediaservices.com](mailto:shameel@mediaservices.com)      New York