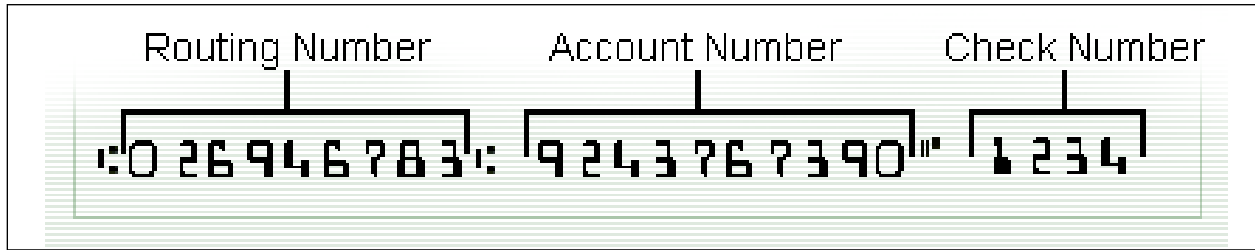


# Authorization Agreement for Direct Deposit of Royalty Payments

## Account type (must be a U.S. bank account):

Personal Checking     Business Checking

Please attach a voided check.



Bank name \_\_\_\_\_

Account holder name \_\_\_\_\_

Routing number

Account number

**By signing and submitting this form, you acknowledge that you have read and agree to the following Terms and Conditions:** *I authorize Shapiro Bernstein to deposit payments electronically to the financial institution for which I have provided the above account information. I understand that this authorization may take up to 30 days to be effective, and that once it is in effect it will remain in place for all royalty distributions until I have revoked the authorization in writing. A revocation must be made at least 30 days before the date on which royalties are distributed to be effective for the next distribution. If Shapiro Bernstein erroneously deposits funds into this account, I authorize Shapiro Bernstein to direct the financial institution to return the funds.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax ID (Social Security Number)

I wish to receive my royalty statement via email to this address: \_\_\_\_\_

**Please return this form and a voided check to:**  
Shapiro, Bernstein and Co., Inc.  
Royalty Department  
488 Madison Avenue, 12<sup>th</sup> Floor  
New York, NY 10022-5718

Received \_\_\_\_\_ Entered \_\_\_\_\_

