

Copyright Clearance Center, Inc. (CCC)

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF ROYALTY DISTRIBUTIONS (ACH CREDITS)
FOR ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL
Rightsholder Relations at +1-978-646-2800, 8:30AM to 6:00PM Eastern Time**

Initial Authorization

Change of Authorization (for an established ACH)

Note: There will be several business days required for verification during which a check may be issued before the ACH is changed.

I (we) hereby authorize Copyright Clearance Center, Inc. (CCC) to initiate credit entries in payment of obligations by electronic funds transfer in accordance with the rules of the National Automated Clearing House Association and authorize the depository named below to credit these funds to the account referenced below. I (we) understand that authorization will remain in force and effect and may only be revoked by providing written notice to CCC with the understanding that CCC and the depository institution have a reasonable opportunity to act on it.

Company Name _____

Federal Tax Identification Number _____

Copyright Clearance Center Account Number _____

Authorized Individual-Name **(Please Print)** _____

Authorized Individual-Title **(Please Print)** _____

Authorized Individual-Signature _____



Date _____ / _____ / _____
Month Day Year

Depository Institution Name _____ Branch _____

(U.S. Banks Only / Business Checking Accounts Only)

Bank Routing ABA /Transit Number (9 Digits) _____

Your Bank Checking Account Number _____

Address (No P.O. Boxes) _____

Your electronic distribution report, which will serve as notification that your ACH payment is pending, will be emailed in .CSV and PDF formats. Please specify below the names and email addresses of those who should receive these reports.

Name _____ Email Address _____
Name _____ Email Address _____
Name _____ Email Address _____

If CCC has questions about the information listed on this form or questions about ACH transactions with your company, please provide an appropriate contact for inquiries.

ACH Transaction Contact Person _____ Title _____

Telephone Number _____ Email Address _____

FAX COMPLETED FORM TO: OR MAIL COMPLETED FORM TO:

**+1-978-750-4904
(PREFERRED METHOD)**

**Copyright Clearance Center, Inc.
Attention: Finance Department ACH
222 Rosewood Drive
Danvers, MA 01923**

For Office Use Only:

Notes:

Date received: _____
Date processed : _____
RCR verification by: _____
SDB updated by: _____