

## **Wire Transfer Authorization Form**

Vendor Information				
ENDOR NAME			SOCIAL SECURTY NUMBER (SSN)	
TAX NAME (if different from above)			FEDERAL I.D. (FID)	
VENDOR STREET ADDRESS (Street, City, State, Zip Code)				
VENDOR EMAIL			VENDOR PHONE NUMBER	
Δ	uthorization Agreeme	ent		
By printing and/or signing my name via handwritten or electronic signature I hereby confirm my authority to issue these instructions and to authorize <b>Universal Music Group</b> to initiate automatic deposits via EFT (wire transfer) to my account at the financial institution named below. I also authorize <b>Universal Music Group</b> to correct any entries, in the event that a credit entry is made in error, by debiting my account to the extent of the overpayment.				
Further, I agree not to hold <b>Universal Music Group</b> responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.				
This authorization will remain in effect until <b>Universal Music Group</b> receives prior written notice of cancellation from me or my financial institution, or until I submit a new form. Changes require 7 business days to process.				
VENDOR OF VENDOR'S REPRESENTATIVE SIGNATURE				DATE
PRINTED NAME	RELATIONSHIP TO VENDOR		₹	TITLE
Beneficiary Bank Information				
NAME ON BANK ACCOUNT				
REASON VENDOR NAME AND BANK NAME DO NOT MATCH (if applicable)				
NAME OF BANK			PHONE# OF BANK BRANCH	
BANK ADDRESS (Street, City, State, Zip Code)				
BANK ACCOUNT NUMBER	WIRE ROUTING NUMBER/SWIF	T CODE	SORT CODE	
ACCOUNT TYPE: CHECKING SAVINGS		OTHER	IBAN	
Intermediary Bank Information (if applicable)				
NAME OF BANK				
BANK ADDRESS (Street, City, State, Zip Code)				
BANK ACCOUNT NUMBER	WIRE ROUTING NUMBER/SWIF	T CODE		
International Bank Information (if applicable)				
NAME OF BANK				
INTERNATIONAL BANK ACCOUNT NUMBER (IBAN)				
MEXICO CLABE	SUCURSAL			
ONLY	DRANCH TRANSIT CODE			
CANADA BANK INSTITUTION CODE ONLY	BRANCH TRANSIT CODE			
UMG USE ONLY				
UMG CONTACT NAME/DIVISION		UMG CONTACT PHONE		
UMG CONTACT EMAIL		UMG CONTACT FAX		
EFT STATUS  START CHANGE CANCEL		CURRENCY		

Please return this form to your UMG contact

## Form Instructions

As of January 1, 2014 UMG requires vendors to submit all forms to be electronically. To increase legibility and reduce the possibility of errors, please **type** the required information and return the form to your UMG contact.

## Vendor's Information (Required Fields)

- Date
- Vendor Name (must match the bank account verification documents provided, see below)
- Vendor Address
- SSN/FID
- Vendor's Contact Name
- Vendor's Phone Number
- Vendor's Email (payment confirmations are sent via email unless otherwise specified)
- Vendor Signature (hand signing is optional; may be typed in the field)
- Vendor or Representative's printed name
- Relationship to Vendor (e.g., Self, Employee, Agent, Attorney, Manager etc.)
- Title (e.g., Accounts Payable Manager, VP Finance etc.)
- Date

## **Banking Information**

Please complete all fields in the banking information section. If the Bank Name does not match the Vendor Name you must indicate the reason in the field below the Bank Name.

Verification of bank account ownership is required. Please submit **only one** of the following with the Wire Transfer Authorization Form:

- A voided check for the bank account indicated on the form. The check must have the vendor's name printed on it.
- o A bank statement together with bank documentation that verifies the routing number for the account
- A letter from the financial institution verifying bank account ownership. The letter must include:
  - Vendor Name,
  - Account Number and
  - Bank Routing (ABA) number and/or
  - IBAN, if applicable
  - SWIFT, if applicable
  - Intermediary Bank Information, if applicable
  - International Bank Information, if applicable

Questions about this form and its requirements may be directed to your UMG contact.