



## ACH AUTHORIZATION FORM

VENDOR INFORMATION	
VENDOR NAME	
VENDOR'S PHONE NUMBER	
VENDOR'S EMAIL	
VENDOR'S LEGAL ADDRESS (Street, City, State, Zip Code)	
REMITTANCE ADDRESS (If different from Legal Address)	
VENDOR'S CONTACT OR REPRESENTATIVES NAME	
ACH STATUS	<input type="checkbox"/> START <input type="checkbox"/> CHANGE

VENDOR BANK INFORMATION	
NAME ON BANK ACCOUNT	
CHECKING OR SAVINGS ACCOUNT NUMBER	
ABA ROUTING NUMBER	
BANK NAME	
BANK ADDRESS (Street, City, State, Zip Code)	
PHONE NUMBER OF BRANCH FOR VENDOR'S ACCOUNT	
TYPE OF ACCOUNT (Please only check one box)	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
REASON VENDOR NAME AND NAME ON BANK ACCOUNT DO NOT MATCH (If Applicable)	

AUTHORIZATION AGREEMENT		
<p>By printing and/or signing my name via handwritten or electronic signature I hereby confirm my authority to issue these instructions and to authorize Universal Music Group to initiate automatic deposits via ACH to my account at the financial institution named below. You consent to and direct us to obtain a consumer report or other information, from time to time, in connection with the payments we make to you. I also authorize Universal Music Group to make withdrawals from this account in the event that a credit entry is made in error.</p> <p>Further, I agree not to hold Universal Music Group 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 remains in effect until Universal Music Group receives prior written notice of cancellation from me or my financial institution, or until I submit a new ACH Authorization Form. Changes require a minimum of 7 business days to process.</p>		
VENDOR OR VENDOR'S REPRESENTATIVES PRINTED NAME		
SIGNATURE		
RELATIONSHIP TO VENDOR		DATE

In order to reduce errors, UMG requires this form be typed and all fields must be completed.  
 Please attach your bank verification document(s) and return this form to your UMG contact.

## FORM INSTRUCTIONS

To increase legibility and reduce the possibility of errors, please **type** the required information and return the form to your UMG contact. All fields must be completed.

### Vendor Information

- Vendor Name (Must match Line 1 of the W-9 form provided or the Tax Name on file)
- Vendor's Phone Number
- Vendor's Email (For payment confirmations)
- Vendor's Legal Address (Must match address on W-9 form)
- Vendor's Remittance Address (If different than the legal tax address)
- Vendor's Contact or Representatives Name
- Vendor's ACH Status

### Banking Information

Please complete all fields in the banking information section.

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

- A voided check for the bank account indicated on the form which includes the name on bank account, account number and routing number.
- A bank statement that verifies the bank name, name on bank account, account number and routing number.
- If submitting a letter from a financial institution branch, the letter **must** be signed by the banking representative. If submitting a letter from an online or mobile application, a printout/screen shot may be used but it must be clear and legible. Either letter must also include all of the requested banking information:
  1. Bank Name
  2. Name on Bank Account
  3. Bank Account Checking or Savings Number
  4. Bank Routing Number

If the Vendor Name and Name on Bank Account do not match, you must indicate the reason in the field directly below Type of Account.

### Authorization Agreement

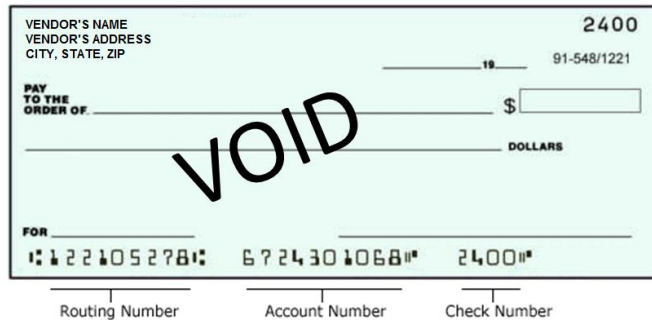
Please read the Authorization Agreement and complete all of the fields below.

- Vendor or Vendor's Representatives Printed Name
- Signature - Typed or handwritten (this field must be filled in). Digital signatures are also accepted in the Adobe format and must include all of the following:
  1. Typed name or graphic signature in the signature block of the form
  2. Date and Timestamp
  3. Email address of the signer
- Relationship to Vendor
- Date

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

**EXAMPLES OF BANK VERIFICATION DOCUMENT (Please submit Only One)**

- A. A voided check for the bank account indicated on the ACH Authorization Form. The check must have the vendor's name printed on it.



- B. A letter from the financial institution verifying bank account ownership. The letter must be signed by the bank representative and include all of the requested banking information: Bank Name, Name on Bank Account, Account Number and Routing Number.



August 11, 2015

Vendor's Name  
1234 5<sup>th</sup> St.  
New York, NY 10037

Re:

Dear Mr. Vendor,

Please be advised that the above referenced merchant has a Citibank, N.A. business account. The information is as follows.

Account # 12345-678910  
Routing # 021000089

Please call me if you have any further questions.

Sincerely,

Jan Smith  
Personal Banker  
212-555-5555  
Jan.Smith@citi.com

- C. A letter, printout or screen shot from an online banking site or mobile banking application containing: URL, Bank Name, Name on Bank Account, Account Number and Routing Number.

