



ACTRA RACS Re-Direction of Payee Name Authorization

LEGAL NAME: _____

ACTRA RACS ID#: _____

I HEREBY AUTHORIZE ACTRA PERFORMERS' RIGHTS SOCIETY (DBA "ACTRA RACS" OR "RECORDING ARTISTS' COLLECTING SOCIETY"), TO ISSUE MY PAYMENTS IN THE FOLLOWING NAME:

Business/Corporation: _____

Business/Corporation #: _____

Other: _____

Address: _____

(Signature)

(Date)