55 Music Square East, Nashville, TN 37203
(800) 826-9996 (615) 320-0055

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

TAX I.D. OR SOCIAL SECURITY NUMBER

AFFILIATES' NAME(S)

Note: Direct Deposit will be in effect only to the account(s) listed on this authorization form. Please list all writer and publisher names individually in the spaces provided above.

I hereby authorize **SESAC** to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account (which shall not exceed the original amount of any erroneous credit entry). I understand that the authorization may be rejected or discontinued by SESAC at any time. If any of the information provided changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SESAC for distribution. This will delay my check.

Check One of the Following:
☐ Start ☐ Stop ☐ Change

Effective Date
○ As Soon as Possible
○ Future Paydate ____ / ____ / ____
Mo / Day / Yr

☐ Checking ☐ Savings Account (select one)

****CHECKING ACCOUNTS: PLEASE ATTACH A VOIDED AND BLANK CHECK BELOW****
****SAVINGS ACCOUNTS: PLEASE ATTACH A DEPOSIT SLIP BELOW****

FINANCIAL INSTITUTION (Bank, Credit Union, etc.)

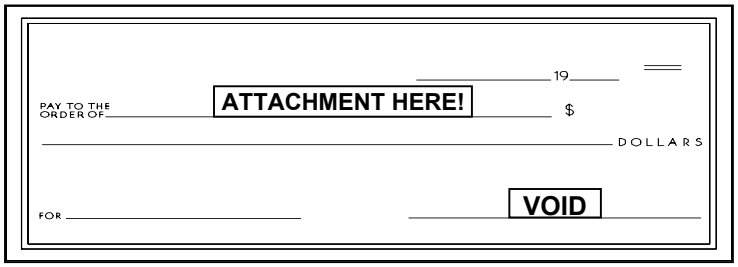
CITY | STATE

ABA Bank Routing Number (Must be 9 numbers) | Account Number

Signature | Date (Mo/Day/Yr) 11/20/02 | Daytime Telephone Number

e-mail address: | Fax #:

If any questions, please contact. . .

Brian McGill, Royalty Accounting Manager (800) 826-9996 or e-mail bmcgill@sesac.com

Joanne Jenkins, Vice President / Controller (800) 826-9996 or e-mail jjenkins@sesac.com