

## **Wire Transfer Authorization Form**

Vendor Information							
VENDOR NAME		vendor into	ormation	SOCIAL SECURTY NUMBER (SSN)			
TAX NAME (if different from above)				FEDERAL I.D. (F	FEDERAL I.D. (FID)		
VENDOR STREE	T ADDRESS (Street, City, State, Zip Code)						
VENDOR EMAIL				VENDOR PHONE NUMBER			
VENDOR LIMAL							
	А	uthorization	Agreement				
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 EFT (wire transfer) 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 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 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 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 or VENDOR'S REPRESENTATIVE SIGNATURE						DATE	
PRINTED NAM	F		RELATIONSHIP TO V	FNDOR		TITLE	
	_					··· <del>·</del>	
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/SWIFT CODE   SORT CODE							
BAIN ACCOON	T NOWBER	WIKE ROOTING IV	OWIBER/SWIFT CODE		30KT CODE		
ACCOUNT TYP	E: CHECKING SAVINGS		OTHER	3	IBAN		
Intermediary Bank Information (if applicable)							
NAME OF BANK							
BANK ADDRESS (Street, City, State, Zip Code)							
BANK ACCOUN	IT NUMBER	WIRE ROUTING N	UMBER/SWIFT CODE				
International Bank Information (if applicable)							
NAME OF BANK							
INTERNATIONAL BANK ACCOUNT NUMBER (IBAN)							
MEXICO	CLABE	SUCURSAL					
ONLY		SOCONSKE					
CANADA	BANK INSTITUTION CODE	BRANCH TRANSIT	T CODE				
ONLY							
UMG USE ONLY							
UMG CONTAC	TNAME/DIVISION	UM	UMG CONTACT PHONE				
UMG CONTACT EMAIL			UM	UMG CONTACT FAX			
EFT STATUS				CURRENCY			
START CHANGE CANCEL							

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.