ELECTRONIC ROYALTY STATEMENT PROGRAM

Sign up for our convenient electronic direct deposit program and receive future royalty statements via email.

ADVANTAGES:

Paperless
No cost to you
Convenient
Royalty statements delivered direct to your email inbox
No paper checks to get lost or damaged
No waiting for the check to arrive in the mail
No need to make a trip to the bank or ATM
Easily print royalty statements as needed

TO SIGN UP:

Complete the ACH Authorization form on the reverse side of this sheet. Attach a voided check along with this completed form.

MAIL THIS COMPLETED FORM ALONG WITH A VOIED CHECK

TO:

Arcadia Publishing
Attn: Royalties
210 Wingo Way, Suite 200
Mount Pleasant, SC 29464
ACH AUTHORIZATION FORM

ROYALTY PAYEE INFORMATION
(Please Print or Type)

NAME: ____________________________________________________________

ROYALTY PAYEE #: (if known) _________________________________________

EMAIL ADDRESS: ____________________________________________________

SSN or EIN #: _______________________________________________________

I hereby authorize Arcadia Publishing

To initiate: [X] credits / payments

To my: [X] checking account

(Note: deposits to savings account are not available.)

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error.

I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

Attach your voided check here

If a voided check is not available, please attach a Deposit Authorization letter from your bank listing your bank’s routing # and your checking account #

This authority will remain in full force and effect until such time as Arcadia Publishing has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

_________________________________________  ____________________________
Signature of account owner                  Date