



10 Music Square East, Nashville, TN 37203

Authorization Agreement for Direct Deposit of Royalty Payments

For a faster application process, please log in to your Online Services account at bmi.com and select the Direct Deposit option!

- To submit a paper application, please complete and sign the Authorization Agreement for Direct Deposit of Royalty Payments.
- Each Writer or Publisher must attach a **pre-printed**, voided check from the bank account into which royalties are to be deposited. Please note that checks must be drawn on a U.S. bank.
- If checks are not available for the account into which royalties are to be deposited, please attach a letter from your bank providing the Account Name, ABA/Routing Number and Account Number.
- Please send completed form with voided check or bank letter to: BMI, Attn: Royalty Accounting Department, 10 Music Square East, Nashville, TN 37203.

BMI Account Information

1. _____ Writer's Name or Name of Publishing Co.	2. _____ BMI Account Number (From your Royalty Statement)
<input type="checkbox"/> Check if entering a change of address.	3. _____ Social Security No. / Tax Id. No.
4. _____ Street Address	5. _____ Phone Number
_____ City State Zip	6. _____ Email Address

Bank Account Information

7. _____ Bank Name	8. _____ Bank ABA/Routing Number (Print the 9 digit number that appears at the bottom left of your check)
9. _____ Branch Street Address	10. _____ Bank Account Number (Print your bank account number located to the right of the bank ABA/Routing number)
_____ City State Zip	

Authorization

I, as the BMI Account Holder or its legally authorized representative, authorize Broadcast Music, Inc. (BMI) to electronically deposit royalty payments due the BMI Account Holder to the specified account. If money to which the Account Holder is not entitled is directly deposited, I authorize BMI to direct the financial institution to return said funds. This authority will remain in effect until a new authorization is filed with BMI, or until this authorization is revoked in writing. Any dispute submitted to BMI by the Account Holder as to a representative's legal authority to receive its funds into this account shall be deemed by BMI to be a revocation.

_____/_____
 Signature Print Name of Signer Date

If NOT the BMI Account Holder, please provide Relationship/E-mail/Phone/Address:

 Relationship Email Address Phone Number

 Street Address City State Zip