

# DIRECT DEPOSIT AUTHORIZATION

Complete this form and deliver to SIG:

- I hereby authorize SIG to initiate deposits (and/or corrections to previous deposits) to the institution indicated below.
- SIG's bank is authorized to deposit and/or correct the amounts to my account.
- A separate form is necessary for each artist.

**Attach a copy of a voided check or your bank's Direct Deposit document.**

<b>Please Print or Type:</b>	
Financial Institute Name:	
Address of Institution:	
Phone number of Institution:	
Transit Routing Number:	

## Distribution Information:

Account Type (Checking/Savings)	Account Number

<b>Name:</b>	<b>Date:</b>
<b>Phone:</b>	<b>E-Mail:</b>
This remains effective unless or until I revoke it in writing by submitting a new direct deposit form.	
<b>SIGN HERE:</b>	

## QUESTIONS?

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