

Warner Music Group U.S. Shared Services Center 511 Union Street Nashville, TN 37219

Phone: 818-558-6000 APINQUIRY@WMG.COM

## ELECTRONIC PAYMENT REQUEST FORM

Date/Time	
ОАСН	
ACCOUNT HOLDER INFORMATION :	How to contact you
*Name	*Email
○*EIN ○*SSN#ITIN	North American Phone #
Please provide either of EIN# or SSN# as provided on your W9 form	Int'l Phone #
BANKING INFORMATION	
*Bank Country United States	
*Bank Name #:	
*ABA/Routing # (U.S.) <b>:</b>	*Account # :
<b>#NOTE:</b> Please have your bank confirm that the <b>Routing number</b> provided above accepts <b>ACH/Direct Deposits.</b>	Intermediary Bank Information
Bank Address:	
City:	Comments/Additional Information
State/Region:	
Postal Code/Zone:	
I authorize Warner Music Group Services Accounts Payable (WMGS A/P) and the to the account listed above. If monies to which I am not entitled are deposited in my funds. I release WMGS A/P from liability for delays or errors beyond their reasonable authorize the initiation of a debit to my account to correct the error. This authoriz notification from me of its termination in such time and such manner as to afford them <b>Such notice shall be delivered to Warner Music Group Services - Accounts Payable De Form.</b>	y account, I authorize WMGS A/P to direct the Bank to return said control or for any related damages. In the event of an error, I also ation shall remain in effect until WMGS A/P has received written a reasonable opportunity to act upon it.
	Name and Title:

\*All fields marked with asterisk(\*) are mandatory and any form with such fields not accurately filled will be rejected.

Version 5.0