

SMALL RESIDUALS ENROLLMENT FORM

Please complete and return this form to:

FinanceRecordUpdates@wga.org

Finance Department
Writers Guild of America, West, Inc.
7000 W. Third Street
Los Angeles, CA 90048

Check One: New Enrollment

Name: _____

Loan Out Corporation Name: _____
(If applicable)

Address: _____

Daytime Phone: _____

Evening Phone: _____

Social Security No: _____

Tax I.D. Number: _____
(If applicable)

E:mail Address: _____
(Required for notification)

AUTHORIZATION: I hereby authorize the Writers Guild of America, west, Inc. to deposit into the WGAw Small Checks Trust Account checks issued to me and/or my loan out corporation(s) in a gross amount not to exceed \$100.00. It is understood that any and all payments deposited therein shall be accumulated on my behalf and that the funds will be issued to me, at the earlier of 1) when the total net amount accumulated on my behalf reaches \$250.00 or 2) the end of the calendar year in which the payments were accumulated.

It is understood and agreed that I can revoke this Authorization at any time by sending a written revocation to the Guild, c/o Finance Department.

Signed: _____ Dated: _____