



# Authorization Agreement for Wire Transfer or Currency Conversion of Royalty Payments

Royalty Accounting, 10 Music Square East, Nashville, TN 37203

## BMI Account Information

1. _____ Writer's Name or Name of Publishing Co.	3. _____ BMI Account Number (From your Royalty Statement)
2. _____ Address	4. _____ Phone Number
_____	5. _____ Email Address
_____	_____
City State Zip	Country

## Beneficiary Bank Account Information

6. _____ Beneficiary Bank Name	8. _____ Name as it Appears on Beneficiary Bank Account
7. _____ Beneficiary Bank Address	9. _____ SWIFT/BIC
_____	10. _____ IBAN (Europe) or CLABE (Mexico)
_____	11. _____ Bank Account Number
City State Zip	12. _____ Currency Type (i.e. U.S. Dollars, Euros, Pesos, etc.)
Country	

## Intermediary Bank Information

13. _____ Intermediary Bank Name	15. _____ ABA Number for U.S. Banks - SWIFT/BIC for Non U.S. Banks
14. _____ Intermediary Bank Address	16. _____ Beneficiary Bank's Account Number with Intermediary Bank
_____	_____
City State Zip	Country

## Special Instructions (If necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization

I am legally authorized, as the account holder or its representative, to direct payment of royalties into the bank account entered above. This authority will remain in effect until I have filed a new authorization, or until revoked by me 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.

I understand that this wire transferring of royalties will not change BMI's records in any way regarding the owner of the royalties and for whom BMI reports the royalties as income to tax authorities. If you wish to assign your royalties (transfer legal ownership) to another person or entity, please complete the BMI Royalty Assignment Verification Form and submit it with all required documents.

_____ Signature	/	_____ Print Name	_____ Date	_____ Social Security No./Tax ID/ or W8-BEN
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If you are NOT the BMI Account Holder, please complete the following:

_____ Relationship to BMI Account Holder	_____ Phone Number	_____ Email Address
_____ Address		