



15910 Ventura Boulevard, 9<sup>th</sup> Floor, Encino, CA 91436  
phone: (818) 755-7777 [www.ltvf.org](http://www.ltvf.org) fax: (818) 755-7778

## Participant Direct Deposit Enrollment Form

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The LTVF is pleased to be able to offer our participants the convenience of direct deposit. Receive your annual distribution payment quickly and automatically to your checking or savings account.

### *Why should you consider signing up for direct deposit?*

- It saves you trips to your financial institution.
- It eliminates the possibility of lost, stolen or forged checks.
- Your money is deposited faster and reduces the possibility of overdrafts.
- You get your money deposited into your account even if you're on vacation, on tour or away from home for whatever reason.
- You'll never have to worry about cashing your LTVF check before the 90-day expiration and possibly paying a check reissue fee.

*Don't wait until the last minute! Complete the back of this form today to enjoy all the benefits of direct deposit.*





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## LTVF Direct Deposit Enrollment Form

**FOR REGULAR CHECKING AND MONEY MARKET CHECKING ACCOUNTS:** Please attach an original VOIDED check to this enrollment form and specify type of checking account:

Checking account

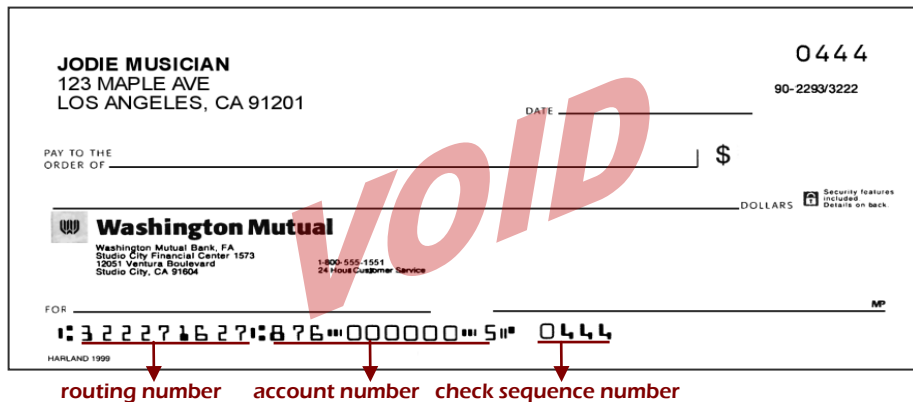
Money market checking

**FOR SAVINGS ACCOUNTS:** No check is required:

Savings account

**CURRENTLY, DIRECT DEPOSIT IS ONLY AVAILABLE TO U.S.-BASED FINANCIAL INSTITUTIONS.**

**REMEMBER! FOR CHECKING ACCOUNT DEPOSITS PLEASE ATTACH YOUR ORIGINAL VOIDED CHECK TO THIS ENROLLMENT FORM.**



routing number    account number    check sequence number

### IMPORTANT!

For corporate or business checking account, we require bank verification that you are the primary account holder.

Routing/Transit # (include ALL nine digits): \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City/State: \_\_\_\_\_

I hereby authorize the LIVE TELEVISION VIDEOTAPE SUPPLEMENTAL MARKETS FUND ("the Fund") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter referred to as "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Fund to my account. In the event that the Fund deposits funds erroneously into my account, I authorize the Fund and the Bank to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the LIVE TELEVISION VIDEOTAPE SUPPLEMENTAL MARKETS FUND has received written notice from me of its termination in such time and manner as to afford the Fund reasonable opportunity to act on it.

Participant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

(PRINT)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_