

LETTER OF DIRECTION



RE: Redirection of Use Fees received from ACTRA PRS

To whom it may concern:

Performer information:

EFFECTIVE DATE: _____
ACTRA ID: _____ *

Performer Name : _____ *

Street Address: _____ *

City: _____ *

Province: _____ * Postal Code: _____ *

Phone: _____ Fax: _____

E-mail: _____

I hereby request ACTRA PRS to allocate any future USE FEES to the following Recipient(s):

Name /Institution: _____ *

Street Address: _____ *

City: _____ *

Province: _____ * Postal Code: _____ *

Phone: _____ Fax: _____

E-mail: _____

_____* _____*

Signature Date

Attached please find a completed authorisation form for Direct Deposit

* Required Information

Alliance of Canadian Cinema, Television and Radio Artists

Toll free 1-800-387-3516 T 416-489-1311 F 416-489-1040 E prs@actra.ca

625 Church Street, 3rd Floor, Toronto ON M4Y 2G1 www.actra.ca