



DIRECT DEPOSIT/ELECTRONIC STATEMENT REQUEST FORM

CLIENT NAME: _____ **PAYEE #** _____

BANK NAME: _____

ACH ABA ROUTING NO. _____

FEDWIRE ABA ROUTING NO. _____
(if applicable)

BANK ADDRESS: _____

BENEFICIARY NAME: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: **CHECKING** **SAVINGS**

ANY FURTHER INFORMATION NEEDED FOR TRANSFER OF FUNDS:

PLEASE PROVIDE EMAIL ADDRESS TO HAVE STATEMENTS DELIVERED ELECTRONICALLY

EMAIL ADDRESS: _____

IF REQUIRED, PLEASE PROVIDE THE EMAIL ADDRESSES OF ANY ADDITIONAL PARTIES TO RECEIVE COPIES OF YOUR STATEMENT

COPY EMAIL ADDRESS # 1 _____

COPY EMAIL ADDRESS # 2 _____

COPY EMAIL ADDRESS # 3 _____

CLIENT SIGNATURE:

PLEASE ATTACH A VOIDED CHECK AND RETURN TO:

Bug Music Inc.
Attn: Jamie Purpora
7750 Sunset Blvd
Los Angeles, CA 90046

****FOR CLIENTS WITH UNITED STATES BANK ACCOUNTS ONLY****