



Société des auteurs et compositeurs dramatiques

**ROYALTIES PAYMENT METHOD**

FAMILY NAME : \_\_\_\_\_

FIRST NAME : \_\_\_\_\_

SOCIAL INSURANCE NUMBER : \_\_\_\_\_  
(required for the income statement)

DATE AND PLACE OF BIRTH : \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_

TELEPHONE NUMBER : \_\_\_\_\_

The royalties payments must be the following:

-direct deposit on my bank account (check specimen attached)

-direct deposit to the bank account of my company which has the mandate to deliver any authorization or conclude contracts concerning my works I guaranteed the SACD against any action on this matter.

**COMPANY**

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

COMPANY NUMBER (NEQ) : \_\_\_\_\_  
(required for the income statement)

Date \_\_\_\_\_,

**Signature** \_\_\_\_\_