



THE SUPPORTING CAST

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name The Supporting Cast

Company ID Number 13-3538689

I (we) hereby authorize The Supporting Cast, hereinafter called COMPANY, to initiate credit to my (our) Checking Account Savings Account (select one) indicated below at the depositor financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ SS Number _____

Date _____ Signature _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

NOTE: You must attach a **voided check** along with this form. Please fill out the form in its entirety, sign, and return to The Supporting Cast's offices, or fax to 212-725-6192.