

**Copyright Clearance Center, Inc.  
Authorization Agreement for Direct Deposits of Royalty Distributions (ACH Credits)**

SCAN OR EMAIL  
COMPLETED FORM TO:  
[rightsholderrequests@copyright.com](mailto:rightsholderrequests@copyright.com)  
Use ONLY on a Secure Server

OR FAX COMPLETED FORM TO: OR  
Secure Fax Number:  
1 (978) 750-4904

MAIL COMPLETED FORM TO:  
Copyright Clearance Center, Inc.  
Attention: Finance Department ACH  
222 Rosewood Drive  
Danvers MA 01923 USA

FOR ASSISTANCE IN COMPLETING THIS FORM PLEASE EMAIL:  
[rightsholders@copyright.com](mailto:rightsholders@copyright.com)

**PLEASE SELECT ONE:**

Initial Authorization  Change of Authorization (for an established ACH)

I (we) hereby authorize Copyright Clearance Center, Inc. (CCC) to initiate credit entries in payment of obligations by electronic funds transfer in accordance with the rules of the National Automated Clearing House Association and authorize the bank named below to credit these funds to the account referenced below. I (we) understand that authorization will remain in force and effect and may only be revoked by providing written notice to CCC with the understanding that CCC and the bank have a reasonable opportunity to act on it.

Note: During verification, a check may be issued by CCC before the ACH change is processed.

**PLEASE SELECT ONE:**

Company/Organization  Individual/Author

**PLEASE PRINT:**

<b>NAME</b> (Company name or Individual's name – first name followed by last name)
<b>FEDERAL TAX IDENTIFICATION NUMBER</b> (Required for companies/organizations, not for individuals/authors)
<b>COPYRIGHT CLEARANCE CENTER ACCOUNT NUMBER</b>
<b>AUTHORIZED INDIVIDUAL NAME</b>
<b>AUTHORIZED INDIVIDUAL TITLE</b>
<b>TELEPHONE NUMBER</b>
<b>EMAIL ADDRESS</b> name@company.com
<b>TODAY'S DATE</b> YYYY-MM-DD
<b>BANK NAME</b>
<b>BANK BRANCH</b>
<b>ROUTING NUMBER / ABA TRANSIT NUMBER (9 DIGITS)</b> U.S. Checking Accounts Only
<b>BANK CHECKING ACCOUNT NUMBER</b>
<b>BANK ADDRESS</b> No Post Office Boxes

In case CCC has questions about the information listed on this form or regarding ACH transactions with your company or organization, please provide an appropriate contact for inquiries below. (This section is not required for individuals/authors.)

<b>ACH TRANSACTION CONTACT PERSON NAME</b>
<b>ACH TRANSACTION CONTACT PERSON TITLE</b>
<b>ACH TRANSACTION CONTACT PERSON TELEPHONE NUMBER</b>
<b>ACH TRANSACTION CONTACT PERSON EMAIL ADDRESS</b> name@company.com

**FOR CCC OFFICE USE ONLY:**

<b>DATE RECEIVED</b>	
<b>DATE PROCESSED</b>	
<b>RCR VERIFICATION BY</b>	
<b>SDB UPDATED BY</b>	