AMBIENT ARTISTS

CHEQUE AUTHORIZATION FORM

DATE:

RE: PAYMENT AUTHORIZATION FOR [LEGAL NAME]

I, the undersigned, hereby authorize and direct **Ambient Artists Inc.** to receive, endorse, and deposit all cheques, electronic transfers, or other forms of payment for services rendered by me in connection with all productions commencing:

Performance Date:

Please issue all payments payable to:

Ambient Artists Inc.
803-10 Huntley Street
Toronto, Ontario, M4Y-2K7

This authorization shall remain in effect for the duration of 36 months from the performance date above unless revoked by me in writing. I acknowledge that delivery of payment to my agent according to these instructions constitutes full payment to me for my services.

TALENT SIGNATURE: _____

PRINTED NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____