

## Large Guarantee Authorization Form

ADVERTISER/PRODUCT:	DATE:
AGENCY:	JOB #:
PERFORMERNAME/SS#:	ESTIMATE#:
CORPNAME/FEDID #:	PO #:

TERM START DATE:	TERM END DATE:	FULL AMOUNT OF GUARANTEE: \$
<input type="checkbox"/> Pay Full Amount of Guarantee	Full GRT Amount to be Paid \$	Due Date:
<input type="checkbox"/> Pay Installment # (e.g. 1 of 3)	Installment Amount to be Paid \$	Due Date:
<input type="checkbox"/> Pay P&H Only	*See P&H Due Date Note Below	
OR	% or \$ Allocated to SAG:	Apply Session and Reuse at:
<input type="checkbox"/> Track Only	% or \$ Allocated to AFTRA:	Apply Session and Reuse at:
OVERAGES	<input type="checkbox"/> Automatically pay amounts exceeding guarantee <input type="checkbox"/> Do Not Pay, Agency will authorize ER to make add'l payments	City/State/Country where work was performed
Check Box if Performer is:	<input type="checkbox"/> On-Camera <input type="checkbox"/> Voice Over	Send Payment To:
<input type="checkbox"/> Other (Specify) _____		

WIRE TRANSFER INFORMATION (if needed) <b>Bank Verification Letter Is Required</b>	Bank Name & Address:	
ABA Routing #:	Account Name:	Account #:

OTHER PROVISIONS:
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Authorizer's Name \_\_\_\_\_ Authorizer's Signature \_\_\_\_\_

**Performer's Pay Date (Required):** \_\_\_\_\_

**\*UNION PENSION AND HEALTH CONTRIBUTIONS:**

P&H contributions are due within 30 days from the date the wage/guarantee payment is actually made to the performer. **Please Note** – the SAG and AFTRA Plans closely monitor contributions for timeliness and contributions made beyond the 30-day limit are subject to substantial penalties, payable directly to the Plans. These penalties can add as much as 20% to the original contribution amount. If Extreme Reach is paying P&H only, please report above the exact date the performer's check was processed, in order to avoid penalties.

**WORKERS COMPENSATION COVERAGE:**

**Please Note** – as Employer of Record, Extreme Reach Talent provides Workers Comp coverage for all performers we pay. This coverage is extended to performers for whom we are paying both wages and P&H, even if they are incorporated. However, if you or a third party already has WC coverage for these performers and do not wish ER to cover them, please advise below and, if possible, attach proof of coverage for our records.

**I DO NOT authorize ER to provide WC coverage, (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_