Large Guarantee Authorization Form

ADVERTISER/PRODUCT:	DATE:
AGENCY:	JOB #:
PERFORMER NAME/SS#:	ESTIMATE #:
CORP NAME/FED ID #:	PO #:

TERM START DATE:	TERM END DATE:	FULL AMOUNT OF GUARANTEE:$
☐ Pay Full Amount of Guarantee	Full GRT Amount to be Paid $	Due Date:
☐ Pay Installment # (e.g. 1 of 3)	Installment Amount to be Paid $	Due Date:

☐ Pay P&H Only OR ☐ Track Only	*See P&H Due Date Note Below	
	% or $ Allocated to SAG:	Apply Session and Reuse at:
	% or $ Allocated to AFTRA:	Apply Session and Reuse at:

OVERAGES	☐ Automatically pay amounts exceeding guarantee	☐ Do Not Pay- Agency will authorize ER to make additional payments
Check Box if Performer is: ☐ On-Camera ☐ Voice Over ☐ Other (Specify) _____		Send Payment To:

WIRE TRANSFER INFORMATION (if needed)	Bank Name & Address:	
ABA Routing #:	Account Name:	Account #:

OTHER PROVISIONS:

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** _____