

**WIRE TRANSFER REQUEST FORM FOR SOCAN ROYALTY PAYMENTS**

This form is for authorizing SOCAN to wire royalty payments to a bank account outside of Canada and the U.S. for Performing Rights, and outside of Canada for Reproduction Rights. Please sign and return a completed form (your bank can assist you in completing the form). Note that the thresholds for a wire transfer payment are CAD\$500 for Performing Rights royalties and CAD\$100 for Reproduction Rights royalties.

**MY INFORMATION**

SOCAN Member/Client Number or Beneficiary Number \_\_\_\_\_

Name: \_\_\_\_\_ Province/State: \_\_\_\_\_  
(Exact name on Bank Account) (If applicable)

Address: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**MY BANK**

Bank Name: \_\_\_\_\_ Swift (BIC) Code: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Destination Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Branch Code/Routing Number: \_\_\_\_\_

IBAN/Account Number: \_\_\_\_\_

Currency the Account is Held In: \_\_\_\_\_

*I, personally, or on behalf of the above-mentioned legal entity that I have authority to bind, authorize the Society of Composers, Authors and Music Publishers of Canada (SOCAN) to electronically deposit the royalty payments to the specified account by wire transfer. I verify that the information I have provided is accurate and complies with the SOCAN Distribution Rules, including the requirement that the account be in the name of the rightsholder (or beneficiary) entitled to the royalties. I acknowledge that each of my bank and SOCAN's bank may charge a fee for each wire transfer initiated by SOCAN and they deduct all such fees from the payment being transferred, and as a result, I would receive an amount that is less than the amount stated in the applicable SOCAN royalty statement. I also acknowledge that SOCAN cannot reverse any payment that is erroneously transferred due to any inaccuracy in the information I have provided and will not re-send the payment to me in that case. It is my responsibility to immediately advise SOCAN of any changes to my account details.*

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_