



GREENSLATE

150 West 30th Street, Ste. 405
New York, NY 10001
212.206.1724 tel
212.206.1070 fax

“Coogan” Account Direct Deposit Agreement Form

Minor Trust Fund Authorization Agreement

I hereby understand that under New York, California, Louisiana and New Mexico State Law, GreenSlate will withhold a sum equal to 15% (fifteen percent) of the gross earnings of the name of any minor whose name appears below. This will remain in effect only in connection with his/her services for the Production entitled: _____.

This deduction will commence effective immediately and shall continue until completion of all services on the above referenced project. Indiepay agrees to deposit all sums within fifteen (15) business days of date of check and/or receipt of the trust account information listed below.

If a court approval is being sought, I am aware that funds cannot be deposited until such court order is issued and bank information is received by Indiepay so that it can be submitted with the first deposit. Further, I fully understand that no interest will be accrued or paid while these sums are being held pending the setup of the trust account.

I am aware that in accordance with the aforementioned state laws, payroll companies do not need any authorization to deduct the 15% (fifteen percent) from any minor’s gross earnings and that under those state laws it is my responsibility to have the proper blocked trust fund set up prior to the employment of my minor child.

I therefore hereby authorize **GreenSlate** to initiate automatic deposits to the compliant Trust account at the financial institution named below. I also authorize **GreenSlate**, to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **GreenSlate** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **GreenSlate** receives a written notice of cancellation from me or my financial institution, or until I submit a new Trust Fund account information form to the Payroll Department.

Account Information

Name of Minor: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____ Savings (“V”)

Account Number: _____

Signature

Print Parent/Guardian Name: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a copy of the Trust Account Agreement and return this form to the Payroll Department.