SONY PICTURES ENTERTAINMENT



ELECTRONIC PAYMENT ENROLLMENT FORM (FOR NON US BANKS)

This form is used to authorize electronic payments (ACH or Wire) from Sony Pictures Entertainment (SPE) to your financial institution.

VENDOR / PAYEE INFORMATION			
Name:		Tax Payer ID:	
Address:			
City, State, Zip Code:		Country:	
Contact Name:		Phone:	
Email address for remittance advice:			
Completion of this form requested by (Name	e of Sony employee):		
APPLICANTS SHOULD VERIFY ELECTRONIC PAYMENT INSTRUCTIONS WITH THEIR FINANCIAL INSTITUTION			
BANKING INFORMATION (NON US)			
Bank Name:		Country:	
Bank Address:			
Foreign Bank Routing Code (e.g. Bank Key, So	ort Code):		
Swift or BIC Code:	IBAN:		
Account Number or Clabe:		Type of Currency:	
Account Holder Name (Beneficiary):			
Bank Reference code, For Further Credit (FFC	C) or IFSC Details:		
Intermediary Bank Name (if required):	-	Country:	
Intermediary Routing Code (if required):	Account N	Account Number (if required):	
AUTHORIZATION			
Authorized Signature:	Title:	Date:	
Printed Name:	Phone Number:	Email Address:	
By signing this form your company agrees to accept electronic payments from SPE. Both applicant and SPE will conform to current rules of the National Automated Clearing House Association (NACHA) and will comply with the Uniform Commercial Code Electronic Payment Articles, UCC 4A. Sony Pictures Entertainment will use the information provided to transmit payments and make any required error corrections by electronic means. FAILURE TO PROVIDE ACCURATE INFORMATION MAY DELAY OR PREVENT THE RECEIPT OF PAYMENT.			