



Direct Deposit - CashApp

Thank you for your interest in receiving payment by direct deposit via CashApp; an alternative to standard checking accounts available to SoundExchange payees who are U.S. federal tax classification: Individual. Signing up for payments delivered to your CashApp account is easy!

Please return this completed and signed form to SoundExchange as a PDF file.

NOTE: All information requested is required to add CashApp direct deposit to your account. Any omission of information will result in a request for re-submission with all required information. Only submissions for Payees registered as US Individuals can be accepted at this time. Single payments above CashApp's \$25,000-per-payment threshold could lead to delayed payment. SoundExchange payments rejected by CashApp will be voided and paid by check in the next quarterly distribution for which the payee is eligible to receive payment.

I acknowledge that I have read and understand the above (required)

You can return the completed PDF online using [SoundExchange Direct](#), fax to 202-640-5859, or by mail to SOUNDEXCHANGE 733 10th St. NW, 10th Floor, WASHINGTON D.C. 20001

Please note that this form can be completed by you or your Authorized Signatory on file with SoundExchange. If you have any questions, please call us at 1-800-961-2091 (9am-6pm Eastern Time USA) or email us at accounts@soundexchange.com.

All fields are required

SoundExchange Payee Name:	SoundExchange Payee ID #:
Name on CashApp Account (must match SX Payee Name):	
Account Number:	
Routing Number:	

In completing this document, you represent and warrant that all the information provided herein is complete and accurate. You will always indemnify and hold harmless SoundExchange, Inc., and its officers, directors, employees, subsidiaries, affiliates, successors and assigns from and against any and all damages, liabilities, costs and expenses, including legal expenses and any reasonable outside counsel fees, resulting from any third-party claims, actions, or proceedings related in any way to the information provided herein.

(The signature of the Payee or your SoundExchange Authorized Signatory is required)

*Signature: _____

*Printed Name: _____

*Date: _____