



## Direct Deposit – India

Thank you for your interest in receiving payment by international direct deposit. Signing up for international direct deposit is easy!

Please complete the attached form with the requested information. This will provide us with the required information to set up your SoundExchange account to receive payments by this method.

**NOTE: All information requested is required to add international direct deposit to your account. Any omission of information will result in a request for re-submission with all required information.**

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

You can return the completed PDF by email to [accounts@soundexchange.com](mailto:accounts@soundexchange.com), by fax to 202-640-5859, by mail to SOUNDEXCHANGE 733 10<sup>th</sup> St. NW, 10<sup>th</sup> Floor, WASHINGTON D.C. 20001, or directly online using [SoundExchange Direct](#).

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 contact us via [SoundExchange Direct](#).

**\*All fields are required\***

SoundExchange Payee Name:	SoundExchange Payee ID #:
Bank Name:	
Name on Checking Account (must match SX Payee Name):	
Bank Swift Code (If Available):	Account Number (Max 34 digits):
Bank ID (Indian Financial System Code IFSC – 4-letter alphabetic bank code + 0 + 6-character branch code):	
Bank Street Address:	
Bank City:	Bank Country:
Currency: Ind ₹ - INR	Bank Postal / Zip Code:

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: \_\_\_\_\_

**(\*Must be completed)**