

Authors Coalition of America Collection Claim Form

I have been informed that the Authors Coalition of America is a Limited Liability Company whose purpose is to receive reprographic and digital royalty payments from foreign organizations and distribute payment to U.S. author organizations or to authors and rightsholders when the author has been identified, and that I am an author for whom payment has been received. These payments come from foreign organizations whose mandates include the collection of royalties and fees for the use of such works within their legal systems. Such organizations that have identified authors by name include CopyDan of Denmark, Copyright Agency Limited of Australia (CAL) and Kopinor of Norway.

I understand that Authors Coalition of America retains a 10% commission for its work in such collections and disbursements.

I further understand that Authors Coalition of America will file a 1099-MISC with the Internal Revenue Service at year end on aggregate payments that exceed \$10.

I hereby warrant and represent that I am the author (or authorized representative of such rightsholder) named in documentation (if any) provided to me from time to time in connection with any disbursement by the Authors Coalition of America. I further warrant that no third party's consent is required to disburse the payments nor is any third party entitled to any share of the payments. In the event of any third party interest or rights, I agree to notify the ACA of said person or entities' identity, interest and whereabouts and agree that a prorated share based on their interest shall be distributed to them by you. I understand that willful misrepresentation of myself as author or rightsholder in order to obtain payment is unlawful.

Signature: _____

Representing (if not self): _____

Name (printed): _____ Date: _____

Confidential Contact/Payment Information

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Postal Code: _____

Telephone: _____ E-mail: _____

The Authors Coalition of America will send a check to the above address, made payable to the author identified on the Collection Claim Form, unless instructed otherwise. If you want to change the payee and/or mailing address for payments, complete the appropriate sections below.

____ I authorize Authors Coalition of America to make payments due the author in the name of:
(Initial)

Payee: _____
(Please print)

Note: Authors Coalition of America may request verification for payments made to persons or entities other than the author (i.e. death certificate if deceased, authorization page of trust documents, etc.).

____ Please send all payments to the following address:
(Initial)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Public Contact Information in Case of Inquiries

The Authors Coalition of America occasionally receives inquiries from parties wishing to contact participants in the Authors Coalition of America's Individual Author Distribution Program for professional purposes. These may include permissions requests or other inquiries. On the next page we ask you to advise us how you wish us to respond to such inquiries.

Please check one of the choices below:

I do not authorize the Authors Coalition of America to provide my contact information to inquirers.

I authorize the Authors Coalition of America to provide my contact information, as shown above, to inquirers.

I authorize the Authors Coalition of America to provide the alternate contact information shown below to inquirers.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Postal Code: _____

Telephone: _____ E-mail: _____

While we cannot predict when or whether an author will receive another payment, many authors who receive one payment from Authors Coalition of America receive future payments. Please keep us informed if you move. You can access our Change of Address Form at http://www.authorscoalition.org/individual_author_distributions/change_of_address/.

Return this completed form and a completed W-9 to:

Authors Coalition of America
IAD
280 Moross Road
Grosse Pointe Farms, MI 48236

Fax: 313-882-3047