



Kidz • New Faces • Young Adults

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## THE ESI NETWORK CHECK AUTHORIZATION FORM

\_\_\_\_\_ You are hereby notified that I have authorized The ESI Network, ESI Kidz, New Faces, and/or X, to accept any and all checks and/or sums of money which may, from time to time, be or become payable to me from you; and I hereby authorize you to forward such checks and/or sums of money directly to:

The ESI Network  
6230 Wilshire #189  
Los Angeles, CA 90048

This authorization shall remain in effect until written notice of the revocation thereof, executed and acknowledged by me, is served upon you by registered mail.

This authorization supersedes any prior dated payment authorization that you may have on file.

Sincerely,

Talent's Name \_\_\_\_\_ SS# \_\_\_\_\_

Talent's Signature \_\_\_\_\_

Signature of parent/guardian if talent is a minor