

STUDIO KIDS Management



15068 Rosecrans Avenue #198, La Mirada, CA 90638

OFFICE: (562) 902-9838 Ext. 3# - FAX: (562) 902-0498

Email: Studiokidsmanagement@gmail.com / www.Studiokidsmanagement.com

CHECK AUTHORIZATION / CHANGE OF ADDRESS FORM

I, hereby authorize Studio Kids Management/Lisa Marie Santillan under the Privacy Law Act SB1386 permission to investigate information regarding my minor child's payroll using his or/her social security number. Listed below is my minor child's information:

Minor's Full Name: _____

Minor's Social Security #: _____

Minor's Birth Date: _____

In the case of when Studio Kids Management should need to collect monies owed by below mention client from outstanding payments due. I, hereby authorize Studio Kids Management/Lisa Marie Santillan to receive, collect, cash of any and all monies, checks, or any other forms of compensation for services of my minor child rendered as a result of the efforts of Studio Kids Management/Lisa Marie Santillan. Providing that Studio Kids Management/Lisa Marie Santillan will in turn ensure payment to my minor child and/or me of all funds, excluding the 20% Management fee on all gross monies due Studio Kids Management/Lisa Marie Santillan with an explanation of such situation.

I, hereby understand that I revoke any and all authorizations executed by me for the mailing of checks, as defined above, so that Studio Kids Management may process and take the necessary fees to which they are entitled. The balance will then be forward to me in a timely fashion.

I, hereby authorize and direct delivery of such checks, drafts and/or sums of money, or any other forms of payment as defined above be sent to the following mailing address:

STUDIO KIDS Management
15068 Rosecrans Avenue #198
La Mirada, CA 90638

Date: _____

Parent/Guardian's Signature: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Main Email Address (Print): _____