



Information Authorization Form

Contact Name: _____ Telephone #: _____
Employee Name: _____ Corp# Name: _____
SIN#: _____ Corp # _____

I hereby request the following information. Please indicate:

- Earnings Report Summary Earnings Report-Detail ROE (S)
- Cheque copy/copies Timesheet (s) Other _____
- T4 T4A

Notes: _____

Show Name (If applicable): _____

Method of Delivery: Fax Mail Pick up @ EPC

Return Fax Number: _____

Note: Roe's and Government (Tax) Slip copies are sent by mail only.

Payment Required: _____ Amount: \$ _____

- Cash Money Order M/C VISA

I hereby authorize my credit card to be charged.

Account #: _____ Expiry Date: _____

Name on Credit Card: _____

Signature of Card Holder: _____ Authorization #: _____

Address Change: Please supply current home address and telephone number below.

Old: _____

New: _____

Authorization to release information onto a third party.

I, _____ authorize EP Canada Film Services Inc. to
release my payroll information to _____

Signature: _____ **Date:** _____

****This signed form must be returned prior to proceeding with your request. ****

EP Canada Films Services Inc. www.epcanada.com

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