
HACHETTE BOOK GROUP ACH AGREEMENT - Boston

I hereby authorize Hachette Book Group to initiate by electronic means, direct deposit, for royalty payments and/or contractual payments to my account at the financial institution named below.

This authorization will remain in effect until I cancel it in writing. Hachette will process the cancellation within a reasonable amount of time from receipt of the written notice.

Please return this form and A VOIDED CHECK:

Mail: Royalty Department C/O Hachette Book Group, 53 State Street, Boston, MA 02109

OR

Scan and email: royaltydept@hbgusa.com

Authorized Signature: _____ Date: _____

REQUIRED INFORMATION

Name of Account Holder: _____

Account Holder Address: _____

Account Holder Email: _____

HBG will communicate via e-mail to confirm the ACH test.

Name of Financial Institution: _____

Financial Institution address: _____

Account Number: _____

Routing Number 9 digit number also
known as the Bank ABA number: _____