



Name
Address
City, State, Zip

Holder Account Number
Company Name

Use a black pen. Print in CAPITAL letters inside the grey areas as shown in this example. A B C 1 2 3 X

Authorization for Electronic Direct Deposit

Account Number

Bank Routing Number

Note: DO NOT USE YOUR CREDIT CARD NUMBER. If you are unsure of your Bank Routing Number or account number, please check with your financial institution, or see reverse. Account numbers must be in numeric format.

Checking Account Savings Account

Name(s) that appear on the account at your financial institution

Name of Financial Institution

I/We hereby authorize Computershare as disbursing agent for the payer, to initiate dividend credit entries to my (our) account; or if necessary debit entries or adjustments for any credit entries in error. This authority is to remain in effect until my (our) written authorization to terminate direct deposit is received in time to afford Computershare reasonable opportunity to act on it or until this service is terminated by the payer or Computershare. **All registered shareholders as well as all individuals listed on the financial account must sign below.**

Signature 1 - Please keep signature within the box.

Signature 2 - Please keep signature within the box.

Date (mm/dd/yyyy)

Daytime Telephone Number

Please return completed form to:

Computershare
PO Box 43078
Providence RI, 02940-3078



How to complete this form

Print the complete bank account number.

Print the bank routing number from your check or savings deposit slip.

Indicate the type of account: checking or savings.

Print the name in which the account is held as it appears on your check.

Print the complete name of your financial institution.

Sign, date and print your complete phone number.

Return in the envelope provided.

The Benefits

- The service is free.
- There are no lost, delayed or stolen checks.
- The funds are available for your use on the dividend payable date, no delays waiting for the check to clear.
- Contact your financial institution to verify deposit of funds on or after payable date.
- Your monthly bank statement will reflect the electronic credit.

Name on Bank Account —

Financial Institution and Branch Information —

John A. Doe Mary B. Doe 123 Your Street Anywhere, U.S.A. 12345	63-858 670
_____ 20 _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>

Bank of Anywhere 123 Main Street Anywhere, USA 12345	
FOR _____	SAMPLE (NON-NEGOTIABLE)
⏏ 23456789	⏏ 234567890 ⏏ 234567
⏏	⏏
Bank Routing Number	Bank Account Number