



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Equiniti Trust company, LLC (AST) to initiate automatic deposits to the account listed below (the "Account"). In the event of an erroneous deposit, I hereby authorize AST and the financial institution holding the Account to take any and all appropriate corrective actions, including, without limitation, positing a credit or a debit to the Account. The foregoing authorizations will remain in effect until AST receives a notice of cancellation or a new direct deposit form executed by me.

**Note:** Please allow 30 days for processing of any request to cancel or make changes to the automatic deposit instructions. This direct deposit request will apply to all future dividends and sales proceeds payments issued to the account(s) listed and will remain in effect until AST receives notification from the account owner(s) to discontinue. If an account is enrolled in Dividend Reinvestment, dividends will be automatically reinvested until the account is unenrolled.

### AST Account Information

AST Company Name: \_\_\_\_\_

AST Account Number: \_\_\_\_\_

AST Account Registration (as it appears on AST's records): \_\_\_\_\_

### Bank Account Information

Name of Financial Institution: \_\_\_\_\_

Routing/ABA Number: \_\_\_\_\_ (must start with 0,1,2 or 3)

Bank Account Number: \_\_\_\_\_  Checking |  Savings

### Signature

Print Name (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check, deposit slip or savings statement bearing the identical AST account registration and return this form to the address below:**

Shareowner Services  
ATTN: On-Base  
PO Box 64858  
Saint Paul MN 55164-0858

Shareowner Services  
ATTN: On-Base  
1110 Centre Pointe Curve Suite 101  
Mendota Heights MN 55120