



# Direct Deposit Agreement Form

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## Authorization Agreement

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I hereby authorize Equiniti Trust Company, LLC ("EQ"), to initiate automatic deposits to the account listed below (the "Account"). In the event of an erroneous deposit, I hereby authorize EQ and the financial institution holding the Account to take any and all appropriate corrective actions, including, without limitation, posting a credit or a debit to the Account. The foregoing authorizations will remain in effect until EQ 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 dividend payments issued to the account(s) listed and will remain in effect until EQ receives notification from the account owner(s) to discontinue.

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## Shareholder Account Information

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

Shareholder Account Number: \_\_\_\_\_

Shareholder Account Name (as it appears on EQ's records): \_\_\_\_\_

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## Bank Account Information

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

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

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

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## Signature

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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 shareholder account registration and return this form to the address below:**

**Equiniti Trust Company, LLC  
Attn: Data Entry Department  
PO Box 500  
Newark, NJ 07101**