

**DIRECT DIVIDEND DEPOSIT AUTHORIZATION AGREEMENT**  
(Please print all information)

Please deposit my dividends into the deposit account as indicated below. In addition, in the unlikely event that an erroneous deposit should transpire, I authorize American Stock Transfer & Trust Company and the financial institution indicated below to correct such inaccuracy with a credit or debit to the same account.

Name of financial institution where deposit account is maintained:

Savings      Checking

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

Bank Account Number

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit / ABA Number: (Nine digit number at the bottom left-hand corner of personal check)

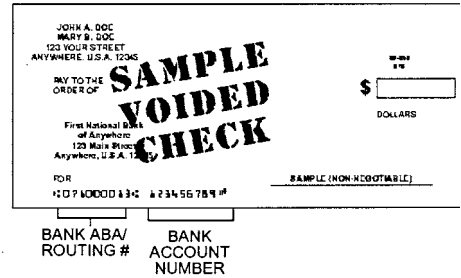
Please be advised that we cannot process your request without this #. If unsure, please contact your bank.

Name(s) as it appears on shareholder records:

\_\_\_\_\_  
(Can be obtained from stock certificate and/or dividend check)

Shareholder account number. (Can be obtained from the dividend check)

Special Note: In order to ensure the correctness of the depository institution indicated above, please attach a voided check.



*(Over for Signature(s))*

This authorization will remain in force and effect until American Stock Transfer & Trust Company has received written notification from me (us) of its discontinuation. Note: Please allow 30 days for termination to be effective.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Tax ID Number

Address: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Tax ID Number

\_\_\_\_\_  
Print Company Name