

**DIRECT TRANSFER LLC**  
Corporate Actions – Transfer Agent Services  
Direct Transfer, LLC.  
919-744-2722  
202.521.3505 – fax

**Issuer Services Group**  
919.481.4000 – option 2, 2  
646.225.7104 – fax

## Direct Deposit Authorization Form

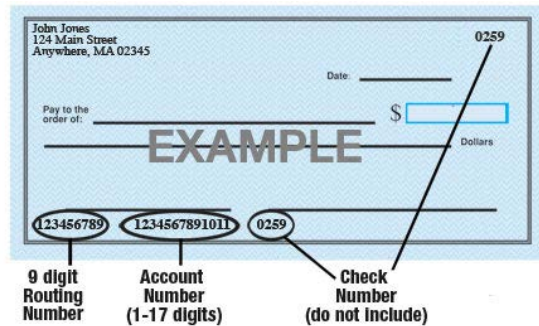
Please print and complete ALL the information below.

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

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

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

Email address: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Type of Account:      Checking      Savings (Circle One)

*Please attach a voided check or deposit slip for each bank account to which funds should be deposited.*

**Direct Transfer LLC** is hereby authorized to directly deposit my funds to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. I furthermore consent to having statements of these deposit(s) and or my account delivered electronically to me.

Signature: \_\_\_\_\_

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

Mail to: Direct Transfer LLC  
C/O Corporate Actions  
500 Perimeter Park Dr.  
Suite D  
Morrisville NC 27560