



## ***Direct Deposit Authorization Form***

Broadridge Corporate Issuer Solutions  
P.O. Box 1342  
Brentwood, NY 11717-0718  
Phone: (877) 830-4936  
Fax: (215) 553-5402

Dear Shareholder,

Thank you for contacting Broadridge Shareholder Services requesting to add or change direct deposit instructions to your account. Enclosed is the document you requested. Please read the content carefully and follow all of the instructions provided.

Things to remember before sending in your completed form:

1. Make sure your form has all of the required signatures. If the account has a joint tenant registration, both shareholders are required to sign. If you are signing for the shareholder, please include your title (i.e., POA, Custodian, Executor) after your signature and the proper documentation supporting your title if applicable (i.e. appointment documents).
2. Please enclose a voided check with the form. Please be advised that a 5 business day hold period may exist for the establishment and/or change of banking instructions on an account.
3. If the submission of your request is in close proximity of the dividend payment date, please contact us to confirm that we were able to coordinate with your financial institution to set up your direct deposit in time for the upcoming dividend payment.

If you have any questions regarding your shareholder account, please contact us at:

Telephone Number: (877) 830-4936

E-mail: [shareholder@broadridge.com](mailto:shareholder@broadridge.com)

Please retain a copy of all documents for your records. Please return the above items to:

***Regular Mail***  
**Broadridge Shareholder Services**  
**c/o Broadridge Corporate Issuer Solutions**  
**P.O. Box 1342**  
**Brentwood, NY 11717-0718**

**OR**

***Overnight Mail***  
**Broadridge Shareholder Services**  
**c/o Broadridge Corporate Issuer Solutions**  
**1155 Long Island Avenue**  
**Edgewood, NY 11717-8309**  
**ATTN: IWS**

Sincerely,

Correspondence Department  
Broadridge Corporate Issuer Solutions  
Shareholder Services

# Direct Deposit Authorization Form

Broadridge Corporate Issuer Solutions  
P.O. Box 1342  
Brentwood, NY 11717-0718  
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## DIRECT DEPOSIT AUTHORIZATION

I (We) hereby authorize Broadridge Corporate Issuer Solutions, Inc., as disbursing agent for the Company, 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 Broadridge Corporate Issuer Solutions, Inc. reasonable opportunity to act on it, or until the Company or Broadridge Corporate Issuer Solutions, Inc. terminates this service.

## IMPORTANT: ALL INFORMATION IS REQUIRED

1. Bank Account Number: \_\_\_\_\_

2. Account Type (check one):  Checking  Savings

3. 9-digit Bank Routing Number: \_\_\_\_\_

4. Company Name: \_\_\_\_\_

5. Shareholder's Name: \_\_\_\_\_

6. Shareholder's Account Number: \_\_\_\_\_

7. Financial Institution: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8. The endorser hereby agrees to the terms of the Direct Deposit Authorization statement printed above:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature If Held Jointly Date

Please sign exactly as your name appears on your stock certificate or statement. When joint tenants hold shares, both must sign. When signing as power of attorney, executor, administrator, or trustee, please give full title and supporting documentation naming you as such. If a corporation, please sign in full corporate name by president or other authorized officer and provide Corporate Resolution with Corporate Seal. If a partnership, please sign partnership name by authorized person and provide documentation naming the authorized signer.

### DIRECT DEPOSIT INSTRUCTIONS

- A. The Direct Deposit Authorization statement authorizes Broadridge Corporate Issuer Solutions, Inc. to electronically credit your dividends directly into your account at your financial institution.
- B. Please be advised that a 5 business day hold period exists for the establishment and/or change of banking instructions on an account.
- C. The following eight items regarding your financial institution are required on this form. Missing or incomplete data will result in the return of this form.
  1. Your Bank Account Number, a four to seventeen-digit number with no dashes or spaces between the numbers – usually located on the lower right of your check.
  2. Indicate either Checking or Savings Account Type.
  3. Your 9-digit Bank Routing Number is usually located on the bottom left of your check – or contact your bank for this information.
  4. The Company Name whose dividends will be deposited.
  5. The Shareholder Name as reflected on your stock certificate or statement.
  6. Your Shareholder Account Number, which can be located on your dividend check or statement.
  7. The name and address of your Financial Institution where your funds will be credited.
  8. Signature and date of all owners.

*Please attach a voided check to this form and return to:*

**Broadridge Corporate Issuer Solutions  
P.O. Box 1342  
Brentwood, NY 11717-0718**