



Name
Address
City, State, Zip

Holder Account Number

Use a black pen. Print in CAPITAL letters inside the grey areas as shown in this example.

A B C 1 2 3 X

Authorization for Electronic Funds Transfer — Credit

Bank Account Number

[Bank Account Number input field]

Bank Routing Number

[Bank Routing Number input field]

Note: DO NOT USE YOUR CREDIT CARD NUMBER. If you are unsure of your Bank Account Number or Bank Routing Number, please check with your financial institution, or see reverse. Please DO NOT provide a check number in the fields above. This is commonly listed with your Account and Bank Routing Numbers on your Check. Account numbers must be in numeric format.

Checking Account

Savings Account

Name(s) that appear on the account at your financial institution

[Name(s) input field]

Name of Financial Institution

[Name of Financial Institution input field]

I/We hereby authorize Computershare as disbursing agent for the payer, to initiate 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 electronic funds transfer is received in time to afford Computershare reasonable opportunity to act on it or until this service is terminated by the payer or Computershare. **All registered shareholders as well as all individuals listed on the financial account must sign below.**

Signature 1 - Please keep signature within the box.

[Signature 1 box]

Signature 2 - Please keep signature within the box.

[Signature 2 box]

Date (mm/dd/yyyy)

[Date input field]

Daytime Telephone Number

[Daytime Telephone Number input field]

Please return completed form to:

Computershare
PO Box 43078
Providence RI, 02940-3078

