CONTINENTAL
STOCK TRANSFER & TRUST

DIRECT DEPOSIT AUTHORIZATION

I (we) authorize Continental Stock Transfer & Trust Company ("Continental") to deposit my (our) dividend payments into the account specified below. This authorization will remain in effect until I (we) give written notice to discontinue direct deposit or until Continental has notified me (us) that this direct deposit service has been terminated. I (we) understand that I (we) must give advance notice to allow reasonable time for my (our) instructions to be executed and that I am (we are) responsible for notifying Continental of a change in bank account information.

Verification of your deposit will appear on your regular financial institution account statement.

ACCOUNT REGISTRATION: _____

COMPANY/SECURITY NAME (ISSUER): _____

SHAREHOLDER CONTINENTAL ACCOUNT NUMBER:

SOCIAL SECURITY NUMBER:

Enter nine (9) digits ONLY

FINANCIAL INSTITUTION INFORMATION

If you wish to have your payment deposited into a checking account, please complete the financial institution information below and enclose a voided check. If you wish to have your payment deposited into a savings or credit union account, please complete this section and include a voided check or deposit slip.

NAME OF FINANCIAL INSTITUTION (BANK ETC.): _____

BRANCH ADDRESS: _____

TYPE OF ACCOUNT: ☐ **CHECKING** ☐ **SAVINGS**

ACCOUNT NUMBER:

BANK ABA TRANSIT/ROUTING NUMBER:

Enter nine (9) digits ONLY

_____ Signature of Shareholder

_____ Signature (Joint Holder ONLY)

Daytime Phone Number: _____ Date: _____