

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Equiniti Trust Company, LLC, the new name for AmericanStockTransfer & Trust Company, LLC, ("AST") to initiate automatic deposits to the account listed below (the "Account"). In the event of an erroneous deposit, I hereby authorize AST and the financial institution holding the Account to take any and all appropriate corrective actions, including, without limitation, positing a credit or a debit to the Account. The foregoing authorizations will remain in effect until AST receives a notice of cancellation or a new direct deposit form executed by me.

Note: Please allow 30 days for processing of any request to cancel or make changes to the automatic deposit instructions. This direct deposit request will apply to all future dividend payments issued to the account(s) listed and will remain in effect until AST receives notification from the account owner(s) to discontinue.

AST Account Information

AST Company Name: _____

AST Account Number: _____

AST Account Registration (as it appears on AST's records): _____

Bank Account Information

Name of Financial Institution: _____

Routing/ABA Number: _____ (must start with 0,1,2 or 3)

Bank Account Number: _____ Checking | Savings

Signature

Print Name (Primary): _____ Date: _____

Authorized Signature (Primary): _____ Date: _____

Print Name (Joint): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check, deposit slip or savings statement bearing the identical AST account registration and return this form to the address below:

AST
Attn: Data Entry Department
6201 15th Avenue
Brooklyn, NY 11219