



ANCHORAGE OFFICE
101 W BENSON BLVD SUITE 202
ANCHORAGE AK 99503

DIRECT DEPOSIT AUTHORIZATION FORM

Personal information:

First /Middle/Last Name

Last 4-digits of SSN

Contact information:

Address

Email

Phone

Would you like to receive electronic updates from Leisnoi (text/automated phone messaging)? ☐ YES ☐ NO

Would you like to opt into receiving the Shareholder Newsletter via email? ☐ YES ☐ NO

Direct Deposit Enrollment

I hereby authorize Leisnoi, Incorporated to initiate credit entries to my bank account. I also authorize Leisnoi to initiate, if necessary, debit entries and adjustment for any credit entries made in error to my depository account specified below. Leisnoi, Inc. reserves the right to discontinue direct deposit payments at any time due to system failures or any incidents beyond the control of the company. I also understand if for unforeseen reason the deposit does not post, we will resolve within 14 business days or a check may be issued during this time.

Please check one:

☐ Checking

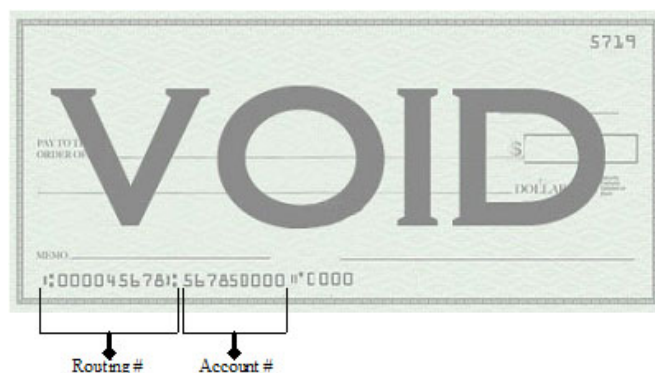
☐ Savings

Bank Name: _____

Account#: _____ Routing #:

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Attach a voided check here:



SIGNATURE _____ DATE _____

By my signature, I authorize and request Leisnoi, Inc. to enter the listed above information into my records. This information will remain in effect until I inform Leisnoi, Inc. or submit a cancellation in writing.



907-222-6900



907-222-6955



info@leisnoi.com



www.leisnoi.com