

**DIRECT DEPOSIT AUTHORIZATION FORM**

**Personal information:**

First /Middle/Last Name

Last 4-digits of SSN

**Contact information:**

Address

Email

Phone

**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

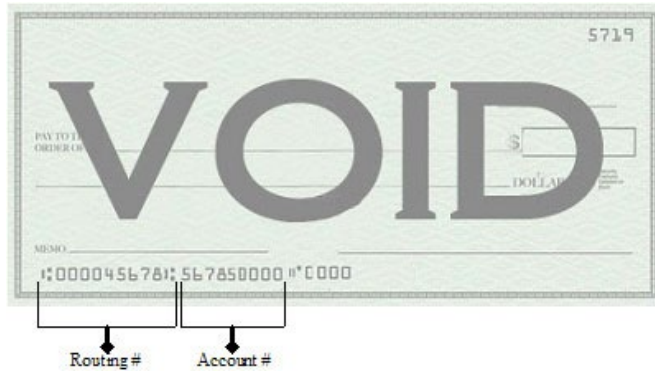
Savings

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

Account#: \_\_\_\_\_ Routing #: \_\_\_\_\_

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Attach a voided check or deposit slip:



\*If your bank does not issue checks, please provide a letter from your bank providing your account and routing number, name of banking institution, address and phone number.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

By my signature, I certify that the information provided on this form is true and correct to the best of my knowledge. I authorize and request Leisnoi, Inc., to change my contact information and/or use the financial information provided herein to issue my Shareholder Settlement Trust Distributions and Elder Benefits. **I understand that I will not receive an ACH statement but can request a copy.**



907-222-6900



907-222-6955



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www.leisnoi.com