



Securities  
Transfer  
Corporation

Company Name: \_\_\_\_\_

Shareholder Registration Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please complete this section to elect how you wish to receive your distributions.**

Mail check to address listed above

Direct Deposit via ACH (Please fill out the Direct Deposit Agreement Form below)

**Direct Deposit Agreement Form**

**Authorization Agreement**

I hereby authorize **Securities Transfer Corporation** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Securities Transfer Corporation** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Securities Transfer Corporation** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Securities Transfer Corporation** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Securities Transfer Corporation.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a voided check and return this form to Securities Transfer Corporation**

**By Trackable Mail or Overnight Courier:** Securities Transfer Corporation, 2901 North Dallas Parkway, Suite #380, Plano, TX

**By Email (Please scan and attach all necessary paperwork):** [info@stctransfer.com](mailto:info@stctransfer.com)