ZIONS BANK DIRECT DEPOSIT AUTHORIZATION FORM

I/We hereby authorize Zions First National Bank and the financial institution shown to deposit myinterest/dividends directly to my/our account each payment date and initiate, if necessary debit entries and adjustments for any deposit entries made in error to my/our account. This authority will remain in effect until I/we file a new Authorization Form. (All registered holders must sign).

Security Holder Information and Authorization	
Security Holder Number	Security Holders(s) Name (print as it appears on the security)
Date	Security Holders(s) Signature

Financial Institution Information	
Name	Branch Location Name
Address	Telephone Number
	Contact Name

CHECK ONE:

I am NOT currently participating in the Direct Deposit Program

☐ ADD - Deposit my interest/dividend payments to the account shown.

I am currently receiving my interest/dividend payments through Direct Deposit

☐ CHANGE - Change financial institutions and/or account number.

☐ CANCEL - Stop my participation in the program

Due to the time required for company and bank processing, allow two weeks for processing.

Attach Your Voided Check or Savings Deposit/Withdrawal Here

Type of Account (Check One):

☐ Checking Account

☐ Savings Account

ZIONS BANK®

WE HAVEN'T FORGOTTEN WHO KEEPS US IN BUSINESS.®

Member FDIC