



**ELECTRONIC BANKING FORM**  
**AUTOMATIC DIVIDEND DEPOSIT / AUTOMATIC ACH INVESTMENT**

**ALLETE STOCK ACCOUNT INFORMATION**

ALLETE Shareholder Account Number: \_\_\_\_\_  
Shareholder Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**AUTOMATIC DIVIDEND DEPOSIT / AUTOMATIC ACH INVESTMENT**

**AUTOMATIC DIVIDEND DEPOSIT**

- I (we) authorize ALLETE to electronically deposit quarterly dividend payments to the bank or other financial institution as indicated below.
- Initial Enrollment for Direct Deposit
- Change Bank Account Information
- Discontinue Direct Deposit

**AUTOMATIC ACH INVESTMENT**

- I (we) authorize ALLETE to electronically withdraw funds from the bank or other financial institution as indicated below. These funds are to be used for the purchase of ALLETE common stock as defined by the terms and conditions of *Invest Direct*<sup>®</sup>, ALLETE's direct stock purchase and dividend reinvestment plan. This information will be used for (please check all that apply):
- ACH One-Time Investment
- ACH Recurring Monthly Investment
- Change Amount of Current ACH Investment
- Change Current Bank Account Information
- Discontinue ACH Investment

**Please Electronically Withdraw \$ \_\_\_\_\_ per Investment as Indicated Above.**

(Minimum investment = \$10/month; Maximum investment = \$250,000/year)

**BANK OR OTHER FINANCIAL INSTITUTION ACCOUNT INFORMATION**

Electronic withdrawals and deposits can only be made from or to banks operating in the United States.

Name of Bank or Financial Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please Check One:  Checking Account  Savings Account

Bank or Financial Institution Account Number: \_\_\_\_\_

ABA Routing Number (9 digits, beginning with a 0, 1, 2 or 3):   
(enclosed a voided check)

**AUTHORIZATION FOR AUTOMATIC DIVIDEND DEPOSIT / AUTOMATIC ACH INVESTMENT (all shareowners must sign)**

The authorization will remain in effect until we receive written notification to terminate or revise it.  
ALLETE reserves the right to terminate this service at any time. It is the responsibility of the shareholder(s) to notify us of changes in financial institution information.

_____ Shareowner's Signature	_____ Date	_____ Shareowner's Signature (if multiple owners)	_____ Date
_____ Shareowner's Signature (if multiple owners)	_____ Date	_____ Shareowner's Signature (if multiple owners)	_____ Date

Mail completed form (along with pertinent information) to:  
ALLETE/Shareholder Services, 30 West Superior Street, Duluth, MN 55802-2093  
Questions? 8:00 a.m. to 4:00 p.m. CST, M-F 218-355-5974 or 800-535-3056; [shareholder@allete.com](mailto:shareholder@allete.com); [www.allete.com](http://www.allete.com)