

AUTOMATIC CASH WITHDRAWAL AND INVESTMENT

BANK ACCOUNT NUMBER _____

checking savings

Transit/Routing Number* _ _ _ _ _

Number always begins with 0, 1, 2 or 3

Name of Bank _____

Address of Bank _____

I authorize ALLETE, Inc. to withdraw my investment payment electronically from my bank account. This authorization remains in effect until I cancel in writing. I have attached a voided check.

Please withdraw \$ _____ per investment
(minimum investment - \$10.00)

signature**

date

signature**

date

**To be certain, ask your bank, savings & loan, or credit union to verify this number.*

***A medallion signature guarantee is necessary if the name(s) on bank account is different from the name(s) on your stockholder account.*

Daytime phone number (_____) _____

In order to have your investment payment automatically withdrawn from your checking account, complete the information above, attach a voided check and mail to:

ALLETE, Inc.
Shareholder Services
30 West Superior St.
Duluth, MN 55802-2093