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**Authorization for Deposit of Dividend Payments**

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I/we authorize ALLETE to transfer my/our dividends electronically to my/our bank account. The authority remains in effect until I/we cancel it in writing.

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Name(s) (as shown on stock certificate)

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Shareholder Address

Phone

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Shareholder Account Number

Social Security Number

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Financial Institution

Phone Number

ABA Routing No.

Choose one account (below) into which dividend check will be transferred:

Deposit in Checking. Account number \_\_\_\_\_

Deposit in Savings. Account number \_\_\_\_\_

**Important: Please be sure to enclose a voided check or deposit slip with this form.**

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Signature of authorized shareholder (if joint account, **both** must sign).

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Signature

Signature

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Date

Date