
Authorization for Deposit of Dividend Payments

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.

Name(s) (as shown on stock certificate)

Shareholder Address

Phone

Shareholder Account Number

Social Security Number

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.

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

Signature

Signature

Date

Date