

Internal Use Only Date Received: \_\_\_\_

## **DIRECT DEPOSIT AUTHORIZATION FORM: Dividend/Distribution**

## ATTACH HERE: Required to attach a voided check or savings slip.

## Please do not attach a deposit slip.

Financial Institution's Name	
Financial institution's Address	
Financial Institution's Routing No	
Checking Account No	OR Savings Account No
above. I also authorize the financial institution incover deposit be made, The Dakota REIT and the	sit the dividend/distribution amount to the account indicated dicated above to credit the amount to my account. Should an financial institution indicated above are authorized to debit issue a correction statement to me. The authorization will my/our written notification to The Dakota REIT.
SELECT only one account below. NOTE	eld with Dakota REIT, each joint owner is required to sign.  E: Each Dakota REIT account requires its own form.
	Account Legal Registration Name
	Account Legal Registration Name
Unitholder (UPREIT Limited Partner) ACCT #:	Account Legal Registration Name
Date	Date
Signature	Signature
Printed Full Name	Printed Full Name
Street Address	
City, State, ZIP	
Phone No	Email Address
· · · · · · · · · · · · · · · · · · ·	Authorization Form with original signatures to attention: 3003 32 <sup>nd</sup> Avenue South, Suite 250, Fargo, ND 58103.

Database Entry on:

Accuracy Confirmation by:

Initials: