

Direct Deposit Form

Changes can be ma	ade by submitting the following:	
	Direct Deposit Form from the Shareholde ck or Letter from Bank Showing your Acc	
Personal Informat	ion	
Printed Name		Last 4 digits of SSN
Printed Address		-
Phone Number		- _ Email
Bank Information		
☐ Checking	Savings	
Bank Name		-
Routing Number		Account Number
Attach Voided Che	eck or Letter from Bank Showing your	Account and Routing Numbers
I hereby authorize MTNT, Ltd. Accounting Department to initiate credit entries to my bank account and to initiate credit entries to my bank account and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my depository account specified above.		
MTNT, Ltd. reserves the right to discontinue direct deposit payments at any time due to system failures or any incidents beyond the control of the company.		
I certify that the information provided on this form is true and correct to the best of my knowledge.		
Signature of Shareholder or Custodian/Guardian		
Date		
······	FOR OFFICE USE ONI	Y
Entered by:	Date: _	
Verified by:	Date:	