



3075 Vintage Blvd, Suite 200, Juneau, Alaska 99801 (907) 790-4990; Fax (907) 790-4999

Authorization for Direct Deposit of Goldbelt Distributions

Name _____ Social Security # _____
(Please Print Clearly)

Phone # _____ Email _____

I hereby authorize GOLDBELT, INCORPORATED 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 bank account at the Depository indicated below:

Bank Name _____ Bank Phone # _____

City _____ State _____

Account No. _____ Routing No. _____

Type of account: Checking Savings

This authority is to remain in full force and effect until GOLDBELT, INCORPORATED has received written notification from me of its termination in such time and in such manner as to afford GOLDBELT, INCORPORATED and the above Depository a reasonable opportunity to act on it.

Signature _____ Date _____

If possible, please attach a *Voided Check* or *Deposit Slip* to verify your account information. You may also submit a letter from your bank that includes your account number, the bank's routing number and type of account.

You may email to mail.shareholder@goldbelt.com or submit via USPS or Fax at:

GOLDBELT, INCORPORATED
3075 VINTAGE BLVD, SUITE 200
JUNEAU, AK 99801
FAX: 907-790-4999