



DIRECT DEPOSIT AUTHORIZATION FORM

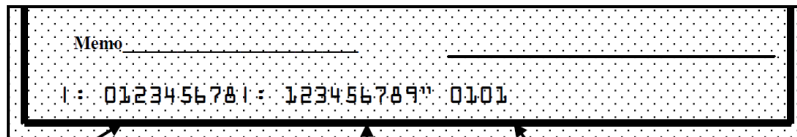
Please check all that apply:

- New Direct Deposit Request Change Direct Deposit Cancel Direct Deposit

I _____ (name) hereby authorize Leisnoi Incorporated to initiate credit entries to my bank account. I also hereby authorize Leisnoi to initiate, if necessary, debit entries and adjustment for any credit entries made in error to my depository account specified below. Leisnoi Inc. 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 also understand if for unforeseen reason the deposit does not post we will resolve within 14 business days or a check may be issued during this time.

Please check one: Checking Savings Bank Account _____

Routing Number _____ Bank/Financial Institution _____



Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check – not needed for sign-up)

Attach a voided check here.

PLEASE SIGN BELOW: *Signature of shareholder or custodian for minor child*

By my signature, I authorize and request Leisnoi Inc. to enter the listed above information into my records. This information will remain in effect until I inform Leisnoi Incorporated.

Signature of Shareholder or Custodian

Date signed

RETURN TO:

Leisnoi Incorporated
341W. Tudor Rd. STE 204
Anchorage, AK 99503

Phone: 907.222.6900 Fax: 907.222.6955 Email: info@leisnoi.com