



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

Authorization for Direct Deposit of Goldbelt Distributions

Name _____ Shareholder ID # _____
(Please Print Clearly)

Social Security # _____ Phone # _____

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 _____

Bank Routing No. _____ Account 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 _____

Please staple a *Voided Check or Deposit Slip* from your account mail this form to:

GOLDBELT, INCORPORATED
3075 VINTAGE BLVD, SUITE 200
JUNEAU, AK 99801