

Direct Deposit authorization

I authorize the corporation to deposit my dividend payments into the account specified **on the reverse side of this form**, and, if necessary, to, make debit entries or other adjustments for any deposits made in error. This authorization will remain in effect until I give written notice of termination or until the corporation has notified me that this direct deposit service has been terminated.

I understand that I must give 35 days advance notice in writing to allow reasonable time for my instructions to be executed and that I am responsible for notifying the corporation of a change in bank account information.

Signed: _____ Joint signature (if applicable): _____

Account number: _____ Social Security number: _____

Daytime phone number: (____) _____ Date: _____



Shareholder Services
215 South Cascade
PO Box 496
Fergus Falls, MN 56538-0496

toll free: 800-664-1259
local: 218-739-8479
email: sharesvc@otpc.com
web site: www.ottertail.com

Please complete information on reverse side!

Direct Deposit Service



Dear Shareholder:

With this service your dividends will be deposited electronically to your checking or savings account on the payment date. A confirmation of the amount deposited in your account will be mailed to you along with any quarterly reports or other important information. To enroll for this service, please complete the authorization form above.

Please be sure to attach a voided personal check for your checking account or deposit slip for your savings account. *Note, a deposit slip is not sufficient for a checking account as it does not contain your nine digit transit routing number (ABA number).* This information is necessary to ensure that payments are credited to the correct account. If you need assistance with the information requested on the form, please ask your bank or financial institution. Then return the completed form to Otter Tail Corporation along with your voided check in the enclosed business reply envelope.

We must receive your completed authorization at least 35 days before the next dividend payment date to be eligible for this service. The dividends are usually paid around the 10th of March, June, September, and December. If you have any questions, please call our toll free number: 800-664-1259.

Shareholder Services

Financial Institution Information

If you wish to have your payment(s) deposited into a checking account, please enclose a voided check. (Write "void" across the face of a blank check.)

If you wish to have your payment(s) deposited into another type of account, other than a checking account, and you are unable to enclose a voided check, please have your bank or other financial institution representative complete this section.

Investors living outside the United States must designate a U.S. bank or other financial institution for this service.

| | |
|---------------------------------------|---|
| Name of bank or financial institution | Account number <input type="checkbox"/> Checking _____ <input type="checkbox"/> Savings _____ |
| Bank address | Nine-digit ABA transit routing number ____ _ |
| | Bank phone number () |