BANK AUTHORIZATION



MAILING ADDRESS

Weitz Funds PO Box 541150 Omaha, NE 68154 **OVERNIGHT MAILING ADDRESS**

Weitz Funds 4221 North 203rd Street, Suite 100 Elkhorn, NE 68022-3474 **PHONE**

(888) 859-0698 **FAX**

(402) 963-9094

EMAIL

clientservices@weitzinvestments.com

Use this form to add or update bank instructions on your Weitz Funds account. Please type or print clearly. You may also add or update bank authorization through our web portal at www.weitzinvestments.com.

1. Account Information	1		
Account Registration			
Daytime Telephone	SSN or TIN Bi	rth Date (MM-DD-YYYY)	
This request applies to the follow	ving Weitz Funds account numbers:		
Account Number	Account Number	Acc	count Number
2. Bank Information			
Request type:			
	vill replace any and all bank information currently on f ist be received at least 15 calendar days prior to the ne		participate in an automatic investment or
The bank information below be updated unless specific in	s in addition to the bank information currently on file. structions are provided.	Existing automatic i	nvestment and/or withdrawal plans will n
Bank Name			
Bank Address		City	State ZIP
Name(s) on Bank Account			
Bank Account Number	Bank Rou	ting Number	
Type of Account Checking Account Savings Account	JOHN SMITH 1234 Main Street Anytown, USA 12345 Date	R _S	Your check must be preprinted with your name and address. If you do not have a preprinted check, please provide documentation from your bank that confirms your bank account registration, account number and routing number.
	Routing Account Number		

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3. Signature

- I authorize credits/debits to/from the bank account referenced. I agree that Weitz Funds will be fully protected in honoring any such transaction. I also agree that Weitz Funds may make additional attempts to credit/debit my account if the initial attempt fails and that I will be liable for the associated costs.
- If this document is signed electronically, I consent to be legally bound by this document and subsequent terms governing it. The electronic copy of this document should be considered equivalent to a printed form in that it is the true, complete, valid, authentic and enforceable record of the document, admissible in judicial or administrative proceedings. I agree not to contest the admissibility or enforceability of the electronically stored copy of this document. Note that this document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.
- I understand that once new bank information is established on my Weitz Funds account, there will be a 15-day waiting period before the new bank information can be used for a redemption request.. If, for any reason, I require a redemption within the 15-day waiting period, I understand that a Letter of Instruction with Medallion Signature Guarantee must accompany this document (please call 1-888-859-0698 for assistance).

X		
	Signature of Owner/Authorized Signer	Date
v		
X		
	Signature of Owner/Authorized Signer	Date

ALL ACCOUNT OWNERS ARE REQUIRED TO SIGN THIS FORM.