THE KUSKOKWIM CORPORATION

DIRECT DEPOSIT / EFT TRANSMITTAL AUTHORIZATION

Please complete the appropriate selection(s) below indicating your participation in the Direct Deposit /Electronic Funds Transfer for all accounts payable payments.

DIRECT DEPOSIT/ EFT AUTHORIZATION	
I hereby authorize and request The Kuskokwim Corporation (TKC) to deposit my payment into the following: □ Checking Account □ Savings Account	
Name on Dividend:	Date of Birth:
Bank/ Financial Institution:	
Name on Account:	
Routing Number:	
Account Number:	
Minors:	

DECLINATION TO PARTICIPATE
□ I have been offered an opportunity to participate in the Direct Deposit/Electronic Funds Transfer but decline.

This authorization permits The Kuskokwim Corporation to initiate credit entries and, if necessary, debit entries and adjustments for any credits in error to my account. This authorization is to remain in full force and is effective until TKC has received written notice from me requesting its termination.

TKC reserves the right to discontinue Direct Deposit/ Electronic Funds Transfer payments at any time due to system failures or any incidents beyond control of the company.

I have attached a voided check/ or other financial institution document for the bank as indicated above showing my account number and routing number. Deposit Slips are not acceptable.

Submit Completed Form & Voided Check to:
The Kuskokwim Corporation
4300 B Street, Suite 207 or fax: 907-243-2984
Anchorage, AK 99503

_____ _____
Shareholder Printed Name Legal Guardian Printed Name (if applicable)

_____ _____
Signature (if under 18, must be signed by legal guardian) Date

Staff Use Only (*do not write below*)	
Verified Shareholder: □ Yes □ No	Form Complete: □ Yes □ No *if no, reason*:
Date Data Entered:	Received by: