



AKHIOK-KAGUYAK, INC.  
1400 W BENSON BLVD., SUITE 425  
ANCHORAGE, ALASKA 99503  
PHONE: 907-258-0604 • FAX: 907-258-0608

## HOW TO APPLY FOR DIRECT DEPOSIT WITH AKI

### FILL OUT ONE DIRECT DEPOSIT FORM PER SHAREHOLDER

#### **Fill out personal information:**

First name, last name and suffix (Jr., Sr., III, etc.)  
Mailing address with apartment number.  
Phone number or e-mail address in case we have questions regarding your form.  
Date of birth is necessary to ensure that we have identified the correct shareholder.

#### **Fill out bank information:**

Check box for checking or savings account.  
Bank name: We will need full name of bank written out.  
Bank nine-digit routing number: This is a nine-digit number that all banks have for direct deposit.  
Call your bank to obtain this number. Your direct deposit cannot be completed without this number.  
Bank account number (do not include your check number).  
Please read the authorization before signing. AKI is not able to process forms that are not signed.

#### **Attach a voided check:**

Please attach a voided check to verify the account information on your form.  
Must have your printed name on check.  
Please write clearly: If you provide an incorrect number, your direct deposit may be rejected or deposited to an incorrect account. Deposit slips will not be accepted.

#### **Children on account:**

Your bank may reject the deposit of a child's check if their names are not on your account.  
Please call your bank to ensure that depositing their AKI check to your account is authorized.  
Custodians are the only persons who may sign direct deposit applications for children. If you are not the custodial parent or if custody has been changed, please call us to have this resolved.  
Custodians should sign on the signature line. (Children 17 and under should not sign form.)

#### **Canceling Direct Deposit:**

In order to cancel direct deposit, we will need written and signed verification from the Shareholder.  
If account is no longer open at the time of distribution, the shareholder will need to wait until a check can be generated and mailed.

#### **Direct Deposit:**

May only take place on dates of distribution/dividend to shareholders.



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## Authorization for Direct Deposit

### Personal Information:

Authorization for Direct deposit is for:     Self                       Dependent

Print Shareholder's First and Last Name: \_\_\_\_\_

Print Parent or Guardian's First and Last Name: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
**Need a good contact number or e-mail address  
 in case we have questions about this form.**

City                      State                      Zip

2nd Fold to mail

2nd Fold to mail

### Please tape your blank VOIDED check to complete form:

**TAPE VOIDED CHECK**  
**Must have your printed name on check.**  
**OR:**  
**BANK ISSUED PRINTED ACCOUNT FORM**  
**Must reflect bank account & routing number.**

**Must write clearly. If you provide an incorrect number, your direct deposit may be rejected or deposited to an incorrect account.**

1st Fold to mail

1st Fold to mail

### Bank Account Information:

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing No (9- digit #): \_\_\_\_\_ Account Type:     Checking

Account No: \_\_\_\_\_  Savings

I hereby authorize Akhiok-Kaguyak, Inc. to initiate credit entries to my bank account, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my depository account specified below. This authority is to remain in full force and effect until AKI has received written notification from me of its termination in such time and in such manner as to afford AKI and the depository a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_