



Authorization for Direct Deposit

Direct Deposit for:

Myself

For my Child/Dependent

Shareholder's First and Last Name: _____

DOB: _____ Last 4 digits of SS#: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City/State/Zip: _____

Parent or Guardian's Name: _____

Email Address: _____

Phone Number: _____

Name on Bank Account: _____

Bank Name: _____

City/State: _____

*Bank Routing Number (9 digits): _____

*Account Number: _____

Checking

Savings

**Please verify the routing number with your bank, if you provide an incorrect routing number, the direct deposit will be rejected. Also, verify your bank account number, an incorrect number will be rejected or deposited into a wrong account.*

OPTIONS to add with this form:

Provide voided check

Provide letter from bank

I authorize Akhiok-Kaguyak, Inc. (AKI) to initiate credit entries to the bank account at the depository listed below, and to initiate debit adjustments for any entries AKI makes in error to this account, provided that I receive notification with regard to any such debit adjustments.

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 to afford AKI and the depository a reasonable opportunity to act on it. Please mail, email, or fax completed form to AKI.

By signing below, I certify, that I am the owner of this account.

Signature: _____ Date: _____

Office Use Only:

Date Received: _____

Date Processed Into Shareholder

Mgmt System: _____

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