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 □ Cancel Account □Change Account Effective Date:	
Name on Dividend:	Date of Birth:
Bank/ Financial Institution:	
Name on Account:	
Routing Number:	
Account Number:	

Minor Shareholders in my Custody to be Deposited in Same Account Above

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 agree by signing below that this information is correct with the routing number and account number and further more that TKC is <u>not</u> responsible if the information is illegible, has incorrect routing number and/or incorrect account number.

<u>Submit Completed Form</u>

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: