

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 account below OR to <input type="checkbox"/> Cancel my Direct Deposit, effective date: _____	
Name on Dividend:	Date of Birth:
Bank/Financial Institution:	
Name on Account:	
Routing Number:	
Electronic Account Number:	

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

This authorization permits TKC 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 my signature below the above information is correct with the routing number and electronic account number; furthermore, TKC is not responsible if the information is illegible, has the incorrect routing number and/or incorrect electronic account number.

SUBMIT COMPLETED FORM

The Kuskokwim Corporation
4300 B Street, Suite 405
Anchorage, AK 99503
or Fax to 907-243-2984

Printed Shareholder Name

Printed Legal Guardian Name

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

Date

Staff Use Only (do not write below)	
Verified Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Form Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if no, reason:</i>
Date Data Entered:	Received by: