THE KUSKOKWIM CORPORATION
cutting a path to a better future

DIRECT DEPOSIT FORM

Shareholder Information:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (JR., SR., II)

MAILING ADDRESS:	CITY	STATE	ZIP

☐ Check box if this is an address change

DATE OF BIRTH:	PRIMARY PHONE:	☐ Home ☐ Cell ☐ Work
LAST 4 OF SSN:	**Secondary Phone:**	☐ Home ☐ Cell ☐ Work

EMAIL ADDRESS:

Account Information:

BANK OR CREDIT UNION NAME:	☐ **Checking** ☐ **Savings**
ROUTING NUMBER: (MUST BE 9 DIGITS)	**Account Number:**

FOR VERIFICATION ENCLOSE A VOIDED CHECK, BLANK DEPOSIT SLIP OR BANK STATEMENT

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 will remain in full force and is effective until TKC has received written notice from me requesting its termination. I understand that if I fail to keep my address updated with TKC, my direct deposit may be canceled.

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

SIGNATURE: (OR CUSTODIAN/GUARDIAN)	**Date:**

RETURN THE COMPLETED FORM:

- Scan or take a photo and email to**:** shareholderrecords@kuskokwim.com
- Mail: TKC Shareholder Services, 4300 B Street, Ste 405, Anchorage, AK 99503
- Fax: 907-243-2984

Questions? Call TKC Shareholder Services: 907-243-2944 or 800-478-2171

For Office Use Only: Entered:_____ Date:_____ Verified:_____ Date:_____