

Direct Deposit Form



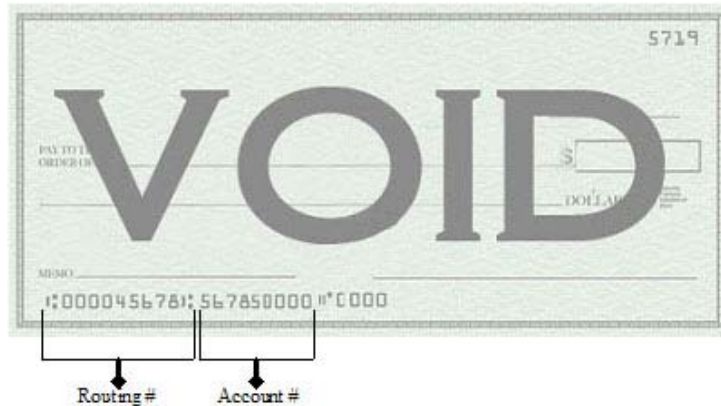
Changes can be made by submitting the following:

- Completed *Direct Deposit* Form
- Voided check* OR *Deposit Slip* OR *letter* from your bank with account information attached

PERSONAL INFORMATION				
Name:	First Name /	Middle Initial /	Last Name	Last 4-digits of SSN: (xxxx)
Mailing Address:	City		State	Zip Code
Home Number:	Work/Message Number:		Mobile Number:	
Email Address:	Would you like to receive electronic updates from Koniag?			
Auto Phone Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No			Text Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No	

NEW ACCOUNT INFORMATION		Check One: <input checked="" type="radio"/> Checking Account <input checked="" type="radio"/> Savings Account
Bank Name	Routing Number (Must be 9 digits)	FULL Account Number

ATTACH VOIDED CHECK for checking account or **DEPOSIT SLIP** for savings account



I hereby authorize KONIAG INCORPORATED to initiate credit entries to my bank account and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my depository account specified below. (Koniag reserves the right to discontinue direct deposit payments at any time due to system failures or any incidents beyond the control of the company).



Signature (or Custodian/Guardian)

Date

I certify that the information provided on this form is true and correct to the best of my knowledge.

DELIVER, MAIL, FAX OR EMAIL FORM (WITH REQUIRED ATTACHMENT)

Shareholder Records
 194 Alimaq Drive
 Kodiak, AK 99615
P: 907-486-2530 or toll free: 800-658-3818
F: 907-486-3325
E: shareholderrecords@koniag.com

Shareholder Records
 3800 Centerpoint Drive, Ste 502
 Anchorage, AK 99503
P: 907-561-2668 or toll free: 800-658-3818
F: 907-562-5258
E: shareholderrecords@koniag.com

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