

**AUTHORIZATION FOR  
DIRECT DEPOSIT OF SHAREHOLDER DIVIDENDS**

It is important that you print clearly.

Shareholder name:	Social Security Number:
Mailing Address:	Shareholder Phone Number:
City, State, Zip:	Shareholder ID #: (to be completed by OC)

- Please check one:**
- Initial Enrollment for Direct Deposit
- Change Account Number
- Cancel Direct Deposit

The Ounalashka Corporation will not process the direct deposit without a **voided check**, it must be attached to this direct deposit authorization (**no** deposit slips will be accepted).

*Shareholder Bank Account Number: _____	
*Check One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Financial Institution (bank, credit union, etc.)	Bank or Credit Union Branch (if applicable)
Address (City, State, Zip code and Phone Number)	*Financial Institution Electronic <b>Routing Number</b> <b>(Required)</b>

\*Items that are preceded with an asterisk are required before the direct deposit request can be completed.

**Completed information must be provided for direct deposit.**

**Contact the Ounalashka Corporation if you have any questions regarding the completion of this document.**

By my signature, I authorize and request the Ounalashka Corporation to deposit the amount of my shareholder dividends to the financial institution listed until I notify the Ounalashka Corporation of a change or cancellation.

\_\_\_\_\_  
**Shareholder/Authorizing Signature**

\_\_\_\_\_  
**Date**

**Please return completed form to:**

Ounalashka Corporation  
PO Box 149  
Unalaska, Alaska 99685  
Fax: 907-581-1496  
Email: [dirks@ounalashka.com](mailto:dirks@ounalashka.com)