



**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 (deposit slips will **not** be accepted).

*Shareholder Bank Account #: _____	
*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 Routing # (Required)

*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
P.O. Box 149
Unalaska, Alaska 99685

Or Ounalashka Corporation
745 W 4th Ave., Ste. 306
Anchorage, Alaska 99501

Fax: 907-581-1496
Or Email: shareholderinfo@ounalashka.com