



OLD HARBOR NATIVE CORPORATION

Authorization Form

Please Type or Print Clearly

<i>Shareholder Name:</i>	<i>Date of Birth:</i>
<i>Mailing Address:</i>	<i>Phone Number (including area code):</i>
<i>City/State/Zip:</i>	<i>Email Address:</i>

Please check one: Initial Enrollment for Direct Deposit Debit card
 Change Account Information Check
 Cancel Direct Deposit Address change

Please complete all information requested below if requesting Direct Deposit:

<i>Name of Bank or Institute:</i>	<i>Shareholder's Bank Account Number:</i>
<i>Your Bank's Electronic Routing Number:</i>	<i>Check One:</i>
<i>If you do not know this number contact your financial institute. We cannot process direct deposit without this number.</i>	<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account

Attach a voided check or information from your bank

Authorization for direct deposit banking, update, or cancellation. I hereby authorize Old Harbor Native Corporation to initiate credit entries to my bank account and to initiate if necessary debit entries and adjustment for any credit entries made in error to my depository account specified below. (Old Harbor Native Corporation reserves the right to discontinue direct deposit payments at anytime due to system failures or any incidents beyond control of the company). If any banking information is listed below and you wish to cancel, mark with a "X" across. *** Please attach a voided check for accounting purposes***

Name change information update (only complete if name has been changed)

Previous Name: _____ New Name: _____
 Required: Copy of legal document authorizing the name change must be accompany this form: i.e., marriage certificate, divorce or adoption decree.

Please sign below: signature of Shareholder or Custodian of Minor child.

By my signature below, I authorize and request Old Harbor Native Corporation to do the following selected for my distribution: direct deposit to financial institution requested, issue a debit card, or check, until I notify Old Harbor Native Corporation in writing of a change or cancellation.

 Shareholder/Authorizing Signature & Date

Return to: Old Harbor Native Corporation
 2702 Denali Street Suite 100
 Anchorage Alaska 99503
 Phone: 907.278.6100 Fax: 907.276.3441
 email: info@oldharbor.org

For office use only
<i>Entered by:</i> _____
<i>Date:</i> _____
<i>Note:</i> _____