



# OLD HARBOR

NATIVE CORPORATION

## Authorization for Direct Deposit

Please Type or Print Clearly

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

Please check one:

☐ Initial Enrollment for Direct Deposit

☐ Change Account Information

☐ Cancel Direct Deposit

Please complete all information requested below

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

Attach a voided check  
or deposit slip here

By my signature below, I authorize and request Old Harbor Native Corporation to deposit the amount of my shareholder distribution to the financial institution listed above until I notify Old Harbor Native Corporation in writing of a change or cancellation.

Shareholder/Authorizing Signature

Return Completed form to:

Old Harbor Native Corporation  
2702 Denali Street, Suite 100  
Anchorage, AK 99503

If you have any questions regarding the completion of this form contact our Anchorage office at (907) 278-6100  
Fax number: (907) 276-3441

Date

For office use only

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

Note: \_\_\_\_\_