



Klawock Heenya Corporation  
P.O. Box 129 • Klawock, Alaska 99925  
907/755-2270 • Fax 907/755-2966  
khc@aptalaska.net

### AUTHORIZATION FOR DIRECT DEPOSIT OF KHC DISTRIBUTIONS

Shareholder Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Shareholder's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Klawock Heenya Corporation 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 bank account at the Depository indicated below:

Bank Name: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Account No. \_\_\_\_\_ Routing No. \_\_\_\_\_

Type of Account:                      **Checking**                       **Savings**

This authority is to remain in full force and effect until Klawock Heenya Corporation has received written notification from me of its termination in such time and in such manner as to afford Klawock Heenya Corporation and the above Depository a reasonable opportunity to act.

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

**Attach:** voided check for checking accounts OR savings deposit slip for savings accounts

**Submit:** via fax, mail or email [marge@aptalaska.net](mailto:marge@aptalaska.net)

**Please print and sign before submitting form**