

## AUTHORIZATION FOR DIRECT DEPOSIT OF SHAREHOLDER DISTRIBUTIONS OR 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 TAC)

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

**We 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:  _____	
* <b>Circle One:</b> <b>Checking</b> <b>Savings</b>	
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 Number <b>(REQUIRED)</b>

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

**COMPLETE INFORMATION MUST BE PROVIDED FOR DIRECT DEPOSIT.**

**Contact The Aleut Corporation if you have questions regarding the completion of this document.**

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

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

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

**Please return completed form to:**

**The Aleut Corporation**  
4000 Old Seward Highway  
Anchorage, Alaska 99503

Phone:                      (907) 561-4300  
Toll Free:                1-800-232-4882  
Fax:                         (907) 563-4328