



315 Lincoln St, Ste 300  
Sitka, AK 99835  
907-747-3534 direct  
800-478-3534 shareholder line  
907-747-5727 fax  
www.sheatika.com

Dear Shareholder:

Thank you for your interest in the direct deposit program. Attached is an enrollment form. Please be sure to include a voided check or deposit slip when returning your form.

***All fields in the form below, including address and phone number, MUST be completed before your direct deposit will be approved.***

Also, be sure to have an employee of your banking institution complete the bottom portion of your form or verify with them by phone. This is very important so we are assured the correct information regarding your direct deposit. We have found that certain routing numbers do not always match the numbers on checks or deposit slips.

Please let us know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Lillian J. Young".

Lillian J. Young  
Shareholder Services Manager

Enclosure



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### *Authorization for Direct Deposit*

This form authorizes the Shee Atiká Fund Endowment and Shee Atiká, Incorporated to make a deposit of future distributions directly to the account listed below. It also authorizes the Shee Atiká Fund Endowment and Shee Atiká, Incorporated to verify the information you are providing. To be effective, this authorization must be received at least thirty days before a distribution to be effective for that distribution. By completing this authorization, the undersigned releases the Shee Atiká Fund Endowment, Shee Atiká, Incorporated, their agents and employees, Wells Fargo and First National Bank Alaska from any and all liability associated with misdirected payments, transfers and credits; and authorizes Shee Atiká to initiate a debit entry to reverse any credit entry sent in error. ***You must complete all fields before your direct deposit will be approved.***

**Include a voided check if applying for direct deposit for a checking account.**

Name:	Social Security Number:
Home Phone Number:	Check One: [ ] Checking or [ ] Savings
ACH Member Bank/Credit Union (Bank Name):	Branch Location & Bank Phone #:
Account Number:	Routing Number:
<b>Home Mailing Address:</b>	<b>City, State, Zip Code:</b>

This Authorization remains in effect until both Shee Atiká, Incorporated and the Shee Atiká Fund Endowment receive written notification from me of termination of the direct deposit authorization for 15 banking days thereafter.

\_\_\_\_\_  
 Shareholder's Signature

\_\_\_\_\_  
 Date

**The information below is *required* to be completed by an employee of your banking institution or to verify the information with them via phone to assure that Shee Atiká receives the correct direct deposit information:**

<b>Bank Routing Number:</b>	Bank Account Number:
Processed By:	Date: