



# CIRI Authorization for Direct Deposit of CIRI Dividends

PLEASE PRINT

The following authorization is for (*check one*):

Myself (your full name): \_\_\_\_\_

**or**  My ward, for whom I am custodian: \_\_\_\_\_  
Ward's full name (*only if this authorization is for your ward*)

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_  
 Cell  Work  Message  2<sup>nd</sup>

Mailing Address \_\_\_\_\_

Is this a new address?  Yes **or**  No (*All Shareholder Relations mail will be sent to the above address.*)

E-mail Address \_\_\_\_\_ (*Your email address will remain confidential at CIRI.*)

**Would you rather receive your CIRI newsletter by e-mail?** Check here to receive an interactive newsletter instead of a hard copy. eNewsletters contain links and other features not available in the hard copy. Full copies of the paper newsletter are posted to the CIRI web site in a PDF format.

Bank Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

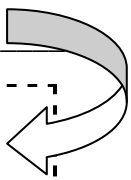
City \_\_\_\_\_ State \_\_\_\_\_ Bank Routing # \_\_\_\_\_  
(*Nine digits*)

Account # \_\_\_\_\_ Is this a change to a previously submitted direct deposit authorization form?  Yes **or**  No  
 Checking Account **or**  Savings Account

By signing below, I hereby certify to Cook Inlet Region, Inc. (CIRI) that I am an owner of this account. I further authorize CIRI to initiate credit entries to the bank account at the Depository listed above and to initiate debit entries/adjustments for any credit entries CIRI makes in error to this account, provided I receive notification with regard to any such debit entries/adjustments. This authority is to remain in full force and effect until CIRI has received my written notification of termination in such time and manner as to afford CIRI and the above Depository a reasonable opportunity to act on it, unless I fail to keep my address updated with CIRI, in which case I understand that direct deposit will be cancelled.

**Signature (X)** \_\_\_\_\_ Date \_\_\_\_\_

1. Verify your bank routing and account numbers with your bank. If you provide an incorrect number, your direct deposit may be rejected or deposited to an incorrect account.
2. Tape a voided check or deposit slip showing your name as an account owner here. (If this authorization is for your ward, the ward's name must be reflected as an owner on the account.)
3. Completed forms may be mailed to CIRI Shareholder Relations, PO Box 93330, Anchorage, AK 99509-3330 or faxed to 1-907-263-5186. If faxed, please call 907-263-5191 or 1-800-764-2474 to confirm receipt.



<b>FOR OFFICE USE ONLY</b> SH ID (cert. holder): _____		Delete "HA" Annual Ck? N / Y
Deductions (circle one)?: N / Y If "yes," list: _____		Add "4" (eNews) N / Y
Entered by: _____	Date: _____ /	Verified by: _____ Date: _____