



CIRI Direct Deposit Authorization Form

This direct deposit authorization is for **(choose only one)**:

Myself _____
List your full name (First) (Middle) (Last) (Suffix)

My Ward _____
List ward's full name (First) (Middle) (Last) (Suffix)

Is this a change to an existing direct deposit?
Yes No

Your CIRI mail will be sent here and can only be changed by written request. Your CIRI address must be kept current and must match the address you have on file with the U.S. Postal Service; if your CIRI mail is undeliverable, direct deposit will be cancelled. Online forms and information on changing an address with the Postal Service are available on the [Postal Service website](#), at your local post office or by calling 800-ASK-USPS.

Address: _____ **Social Security No.:** _____
(Last four digits only)

(City) (State) (Zip) **Date of Birth:** _____
(MM/DD/YYYY)

Home Ph.: _____ **Work Ph.:** _____ **Cell Ph.:** _____

Full Email Address: _____ (e.g., you@gci.net, not you@gci)

If this is a new email address and you have a Qenek portal account, you must change your email address in Qenek. Your email address will remain confidential at CIRI.

Check here to receive your CIRI news faster and receive interactive newsletters instead of paper copies. Shareholders in the eNewsletter program are eligible for a chance to **win a Kindle Fire HD!**



VERIFY YOUR 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.

Bank Name: _____ **Bank Phone:** _____ **Checking**

Bank Routing #: _____ **Account #:** _____ **Savings**
(Must be nine digits)

By signing below, I certify to Cook Inlet Region, Inc. (CIRI) that I am an owner of the bank account listed above. I authorize CIRI, and/or the CIRI Settlement Trust (CST), as appropriate, to initiate credit entries to this bank account at the Depository listed above and understand that I will not receive payment vouchers. I further authorize CIRI and/or the CST to initiate debit entries/adjustments for any credit entries CIRI and/or the CST makes in error to this bank 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: _____ **DATE:** _____

1. TAPE A VOIDED CHECK OR DEPOSIT SLIP ON THE BACK OF THIS FORM showing your name as an account owner (if this authorization is for your ward, the ward's name must be reflected as an account owner). Alternatively, a letter from the bank on bank letterhead or a bank statement may be provided as proof of account ownership, providing the bank name, owner's name and account number are preprinted on the document. Absent proof of account ownership, we are unable to process this form.

2. RETURN THE COMPLETED FORM:

Scan or take photo of the document(s) and email to: shareholderrecords@ciri.com

Mail it: CIRI Shareholder Relations, PO Box 93330, Anchorage, AK 99509-3330

Fax it: 907-263-5186 (call ASAP to ensure receipt)

QUESTIONS? Call CIRI Shareholder Relations: 800-764-2474 or 907-263-5191

FOR OFFICE USE ONLY SH SEQ: _____ FIDUCIARY/WARD SEQ: _____
QENEK ACCT: N Y **If yes, do not add/change primary email address;** contact SH to advise primary email address must be changed in Qenek.
RTN MAIL: _____
UPDATE COMMENTS: Y N FORMS: SW eNEWS QENEK _____
ENTERED: _____ DATE: _____ VERIFIED: _____ DATE: _____