



# 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**, for whom I am custodian: list your ward's full name (first, middle, last, suffix)

Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(Last four digits only)

Your CIRI mail will be sent here and can only be changed by written request. Remember to also update your address with the [US Postal Service](#) or your CIRI mail may be returned. Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Home Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Email: \_\_\_\_\_ **Your email address will remain confidential at CIRI.**  
(Please include your full email address; for example, shareholder@hotmail.com, not shareholder@hotmail.)

**eNewsletter:**  **Check here if you are CIRI-ous about reducing paper** waste and want your CIRI news faster. By checking this box, you will receive interactive newsletters instead of hard copies.


**Bank Information:** Is this a change to an existing direct deposit authorization form?  **Yes**  **No**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_  
(Must be nine digits)

Account #: \_\_\_\_\_ Account Type:  **Checking**  **Savings**

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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ 

1. **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.
  2. **TAPE A VOIDED CHECK OR DEPOSIT SLIP HERE** 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.** Without a voided check or deposit slip, we are unable to process this form.
  3. **RETURN THE FORM:**
    - Mail to: CIRI Shareholder Relations, PO Box 93330, Anchorage, AK 99509
    - Scan and Email to: [Shareholderrecords@ciri.com](mailto:Shareholderrecords@ciri.com)
    - Fax to: 907-263-5186 (Call ASAP to ensure your fax was received)
- QUESTIONS?** Call 907-263-5191 or 800-764-2474.

<b>OFFICE USE ONLY</b> SH Entity ID (cert. holder): _____	Delete Annual Check Hold? <input type="checkbox"/>
Deductions (circle one)?: <b>N / Y</b> If "yes," list: _____	<b>N / Y</b>
Entered by: _____ Date: _____	eNews <b>N / Y</b>
Verified by: _____ Date: _____	