



Authorization for Direct Deposit of Dividends

The following authorization is for (check one): ' **Myself** ' **My ward, for whom I am custodian.**

Ward's name (only if this authorization is for your ward): _____

I authorize Bristol Bay Native Corporation (BBNC) to initiate credit entries to the bank account at the Depository listed below and to initiate debit entries/adjustments for any credit entries BBNC makes in error to this account, provided I receive notification with regard to any such debit entries/adjustments. By signing below, I certify to BBNC that I am an owner of this account.

Select one: ' **Checking Account** or ' **Savings Account**

Bank Name	Branch
City	Phone No. ()
State	
Bank Routing No.	Account No.
<i>(Nine digits; please verify routing number with your bank. If you provide an incorrect routing number, your direct deposit will be rejected.)</i>	<i>(Please verify the number with your bank. If you provide an incorrect number, your direct deposit will be rejected or deposited to the incorrect account.)</i>

This authorization is effective for (select those that are applicable): ' **Native Regional Corporation dividends** and/or for ' **Village Corporation dividends.**

This authority is to remain in full force and effect until BBNC has received written notification from me of its termination in such time and in such manner to afford BBNC and Depository a reasonable opportunity to act on it.

Print Name	Date of Birth
Social Security No.	Phone No. ()
Mailing Address	
Signature	Date

PLEASE TAPE VOIDED CHECK OR DEPOSIT SLIP HERE.