

## **Shareholder Authorization for Direct Deposit**

## **Please Type or Print Clearly**

Shareholder Full Name:	Custodian for Minor
Mailing Address:	Shareholder SSN (Last 4 Digits)
City/State/Zip:	Birth Date:
Email Address	Phone Number (including area code):
☐ Initial Enrollment for I	·
Check one: Change Account Info  ☐ Cancel Direct Deposi	
omplete all information requested below: ttach copy of voided check or letter from Bank that validates Bank ac	ccount and routing number.
Bank or Institute for deposit:	Bank Account Number:
Bank Routing Number (ABA):	Check One: Savings Account
If you do not know this number contact your financial institute. We cannot process direct deposit without this number.	Checking Account
By signing below, I certify to Alaska Peninsula Corporation authorize APC, and/or the APC Shareholder Settlement account at the Depository listed above. I further authorize initiate debit entries/adjustments for any credit entries AP error to this bank account, provided I receive notification authority is to remain in full force and effect until APC has time and manner as to afford APC and the above Depositive my address updated with APC, in which case I under	Trust, as appropriate, to initiate credit entries to this bank at APC and/ or the APC Shareholder Settlement Trust to PC and/or APC Shareholder Settlement Trust makes in with regard to any such debit entries/adjustments. This is received my written notification of termination in such itory a reasonable opportunity to act on it, unless I fail to
Shareholder Signature or Custodian	

Return signed form by fax at (907)274-8694, email <a href="mailto:shareholder@alaskapeninsulacorp.com">shareholder@alaskapeninsulacorp.com</a> or mail to:

Alaska Peninsula Corporation 2710 Wesleyan Drive Anchorage, AK 99508-3776