7054 Klawock Hollis Highway
PO Box 129
Klawock, Alaska 99925
Ph: 907-755-2270 Cell: 907-401-8444

Shareholder Name: _____ SSN Last 4: XXX-XX-_____

Shareholder's Address: _____

Phone: _____ Email: _____

I hereby authorize Klawock Heenya Corporation to initiate credit entries to my bank account and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my bank account at the Depository indicated below:

Bank Name: _____ Bank Phone #: _____

City: _____ State: _____

Account No. _____ Routing No. _____

Type of Account: **Checking** ☐ **Savings** ☐

This authority is to remain in full force and effect until Klawock Heenya Corporation has received written notification from me of its termination in such time and in such manner as to afford Klawock Heenya Corporation and the above Depository a reasonable opportunity to act.

Signature: _____ Date: _____

ATTACH: voided check for checking accounts OR savings deposit slip for savings accounts. A photocopy is acceptable.

Submit: via text message ***907-401-8444***, mail, or email khcadmin@aptalaska.net

All Shareholders are encouraged to sign up for the shareholder portal at www.myklawockheenya.com. Here, you will be able to manage all your shareholder information (direct deposit, change of address)