

OUZINKIE DIRECT DEPOSIT FORM

NATIVE CORPORATION

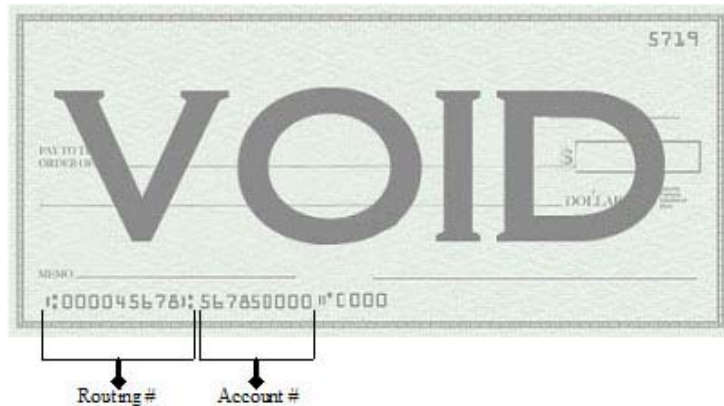
Changes can be made by submitting the following:

- Completed **Direct Deposit** form from the Shareholder or by the Custodian
- Voided check** for checking account OR **Deposit slip** for savings account attached

PERSONAL INFORMATION		
Name :	First Name /	Middle Initial / Last Name
Mailing Address:	City	State Zip Code
Telephone:	Email:	Last 4-digits of SSN: (xxxx)

ACCOUNT INFORMATION	<input type="radio"/> Checking Account	<input type="radio"/> Savings Account
Bank Name	Routing Number <i>(Must be 9 digits)</i>	Account Number

Attach **VOIDED CHECK** for checking account OR a **DEPOSIT SLIP** for savings account



I hereby authorize Ouzinkie Native 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 depository account specified below. *(ONC reserves the right to discontinue direct deposit payments at any time due to system failures or any incidents beyond the control of the company).*

Signature (or Custodian/Guardian)

Date

I certify that the information provided on this form is true and correct to the best of my knowledge.

DELIVER, MAIL, FAX OR EMAIL FORM

Shareholder Records
 P.O. Box 89
 Ouzinkie, Alaska 99644
 Phone: 907-680-2208 or toll free: 800-680-2208
 Fax: 907-680-2268

For Office Use Only:	Entered by: _____	Date: _____	Verified by: _____	Date: _____