

# Request to Cancel Direct Deposit of Dividends

**Kavilco must receive this completed form no later than three (3) weeks before a disbursement**

I hereby request that KAVILCO INCORPORATED cancel credit entries to my bank account, savings and loan, or credit union specified below

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Please Print First, Middle Initial, Last)

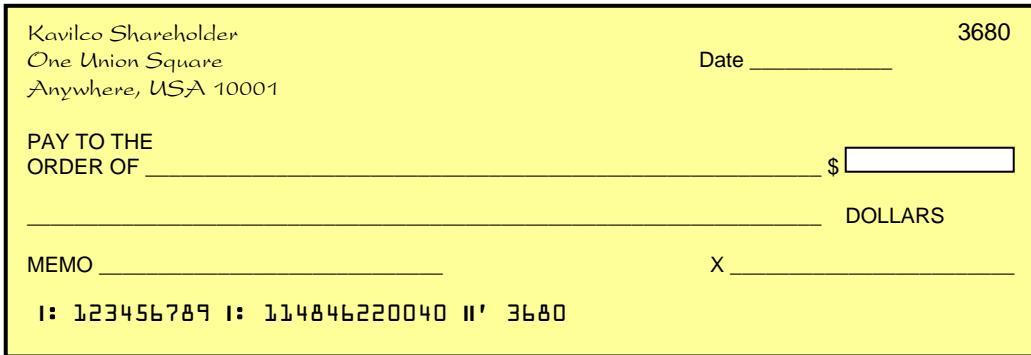
Bank name \_\_\_\_\_ Branch \_\_\_\_\_

Branch telephone number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

❖ 9-Digit Bank Routing Number \_\_\_\_\_ ❖ ❖ Account Number \_\_\_\_\_

This is an example of where to find your bank's routing and account information



**Please mail dividend checks to me at:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please MAIL completed form to:

Kavilco Incorporated  
600 University Street, Suite 3010  
Seattle WA 98101-1129