

Authorization for Direct Deposit of Kavilco Dividends

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

I hereby authorized KAVILCO INCORPORATED to initiate credit entries to my bank account and should it be necessary, debit entries and adjustments for any credit entries in error to my depository account specified below.

Name _____ SSN# _____ DOB _____
Please Print First, Middle Initial, Last XXX-XX-XXXX MM/DD/YY

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Bank name _____ Branch _____

Branch telephone number _____ Checking _____ Savings _____

ATTACH: voided check for checking account OR **savings deposit slip** for savings accounts. If you have a checking account but do not use checks, you may provide anything from your bank that has your name, routing number and account number on it. Please blank out any personal banking information.

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

Kavilco Shareholder One Union Square Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____	\$ _____	
		DOLLARS
MEMO _____	X _____	
I: 123456789 I: 114846220040 II' 3680		

◆ Bank Routing
Number 9 digits

◆ Account
Number

◆ Check
Number

FORM CAN BE SUBMITTED BY MAIL, FAX OR EMAIL
Fax: 206.624.8953 Email: carol.kavilco@gmail.com

Kavilco Incorporated
1000 Second Ave, Suite 3320
Seattle WA 98104

Signature _____ Date _____

IMPORTANT: If a direct deposit is ever rejected and Kavilco is charged a fee, that fee will be charged back to you.

Confidentiality of Account Information: 15AAC 23.253(c) requires Kavilco to maintain your account information confidential unless you (1) specifically authorize its release, (2) Kavilco receives a court order directing its release, (3) it is requested as part of a criminal investigation or (4) Kavilco needs the information to recover an assessment of an erroneously paid dividend.