Kavilco
INCORPORATED

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_____

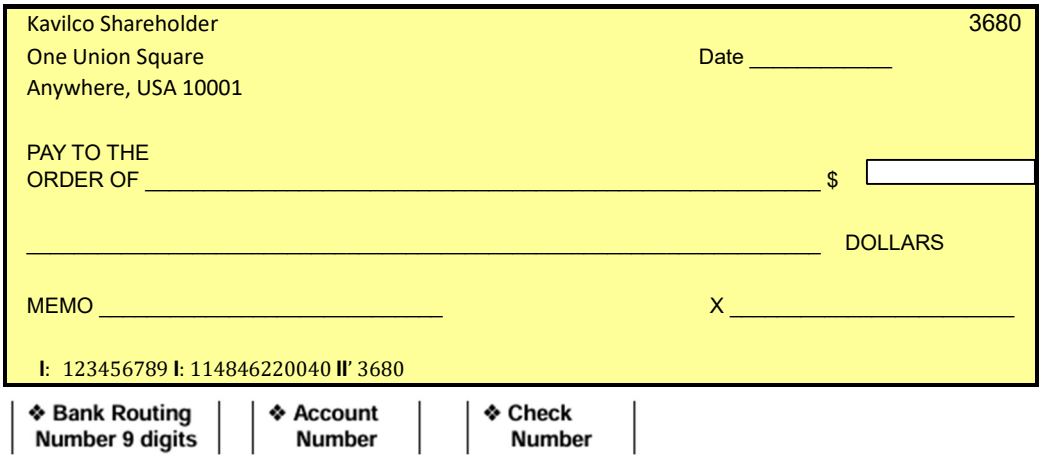
Phone # _____Email _____

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.



FORM CAN BE SUBMITTED BY MAIL, FAX OR EMAIL

Kavilco Incorporated
1000 Second Ave, Suite 3320, Seattle WA 98104
Fax: 206.624.8953 Email: info@kavilco.com

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.