

## Direct Deposit Form

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Dear Shareholder:

Thank you for your interest in the direct deposit program. Attached is an enrollment form. Please be sure to include a voided check or deposit slip when returning your form.

**You must have a current address on file with Shee Atiká to be eligible for the direct deposit program.**

If you do not attach a voided check or deposit slip, carefully review and verify the accuracy of your account information to ensure that your direct deposit information is correct.

Please contact the office if you have any questions.



315 Lincoln Street, Suite 300  
Sitka, Alaska 99835

(907) 747-3534  
(800) 478-3534

sheeatika.com  
info@sheeatika.com

### Authorization for Direct Deposit

This form authorizes the Shee Atiká Fund Endowment and Shee Atiká, Incorporated to make a deposit of future distributions directly to the account listed below. It also authorizes the Shee Atiká Fund Endowment and Shee Atiká, Incorporated to verify the information you are providing. This authorization must be received at least thirty days before a distribution to be effective for that distribution. By completing this authorization, the undersigned releases the Shee Atiká Fund Endowment, Shee Atiká, Incorporated, their agents and employees, Northrim Bank and First National Bank Alaska from any and all liability associated with misdirected payments, transfers and credits; and authorizes Shee Atiká to initiate a debit entry to reverse any credit entry sent in error. **You must complete all fields before your direct deposit will be approved.**

**Include a voided check if applying for direct deposit for a checking account.**

\_\_\_\_\_  
Name \_\_\_\_\_  
Last 4 Digits of SSN

\_\_\_\_\_  
Contact Number Check One: [ ] Checking or [ ] Savings

\_\_\_\_\_  
ACH Member Bank/Credit Union (Bank Name), Address & Phone

\_\_\_\_\_  
Account Number \_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Home Mailing Address \_\_\_\_\_  
City, State, Zip Code

This Authorization remains in effect until Shee Atiká, Incorporated and the Shee Atiká Fund Endowment receive written notification from me of termination of the direct deposit authorization for 15 banking days thereafter.

\_\_\_\_\_  
Shareholder's Signature \_\_\_\_\_  
Date

If you do not attach a voided check or deposit slip, carefully review and verify the accuracy of your account information to ensure that your direct deposit information is correct.

\_\_\_\_\_  
Bank Routing Number \_\_\_\_\_  
Bank Account

\_\_\_\_\_  
Processed By \_\_\_\_\_  
Number Date