



Shareholder Authorization for Automatic Deposit Form

Shareholder Name _____

Social Security # _____

Telephone# _____

I, hereby authorize **CHENEGA CORPORATION**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (select one)

Checking or Saving

IF RECEIVING ELDERS BENEFIT (check box if applicable) Apply to Elders Benefit

Account indicated and the depository (bank) named below, to credit and /or debit the same to such account.

Bank Name _____ Branch _____

Bank Telephone# _____ Bank Contact Name _____

City _____ State _____

Transit/Routing No. _____ Account No. _____

This authority is to remain in full force and effect until Chenega Corporation has received written notification from me of its termination in such time and in such manner to afford Chenega Corporation and the Bank a reasonable opportunity to act on it.

Did you notify your bank if you have open/closed or name change on your account. (select one) Yes No

Date: _____ Print

Name _____ Signature _____

Please provide a blank voided check and staple to this form.

For Office Use Only

_____ Copy to Accounting _____ Date _____

Initial

Original to Shareholder Dept _____ Date _____

Initial