



Chenega Corporation Shareholder Authorization for Stop Direct Deposit Form

Old Account: _____

Shareholder Name: _____

Social Security #: _____

Telephone#: _____

I, hereby authorize

CHENEGA CORPORATION, TO STOP MY DIRECT DEPOSIT INTO MY ACCOUNT

ON THIS _____ **OF** _____, _____
Day Month Year

Old Account #: _____ (select one) **Checking** **Saving**

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 a reasonable opportunity to act on it.

Did you notify your bank if you have closed your account.
(select one) **Yes** **No**

I request that my funds be mailed to the address below:

I request direct deposit to New Account Number (see attached paperwork)

I request to pick up my dividend at the Chenega Corporation Office

Date: _____ Printed Name _____ Signature _____

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For Office Use only:

Copy to A/P Department: _____ Date enter: _____
Initial

Original to Shareholder Department: _____ Date enter: _____
Initial