Direct Deposit Authorization and Termination Form

Approval Date: 07/31/2024

CHENEGA HERITAGE TRUST

Please fill in all required information and fax this form to (907) 569-6939, email to shareholderservices@chenega.com, or mail the form to the address below.

Select applicable companies: ☐ Chenega Heritage Trust ☐ Chenega Corporation Settlement Trust

Shareholder: _____ (Full Name) _____ (Last 4 of SSN) _____ (Birth Year)

_____ (Telephone) _____ (Email)

Custodian: (if minor) _____ (Full Name)

Mailing: _____ (Street Address) _____ (City) _____ (State) _____ (Zip) ☐ New Address?

I am: *(select one)*

- ☐ terminating an existing mailing address and establishing a new mailing address.
- ☐ terminating an existing direct deposit and establishing a new direct deposit.
- ☐ terminating an existing direct deposit and establishing a new mailing address.
- ☐ submitting a new direct deposit.
- ☐ submitting a new mailing address.

MAIL TO ADDRESS

Mail Check To _____

DIRECT DEPOSIT

I, hereby authorize **CHENEGA HERITATGE TRUST** (CHT) and/or **CHENEGA CORPORATION SETTLEMENT TRUST** (CCST) 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 Savings

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

Bank Name _____ Branch _____

Bank Telephone # _____ Contact Name _____

City _____ State _____

Transit/Routing No. _____ Account No. _____

This authority is to remain in full force and effect until CHT and/or CCST has received written notification from me of its termination in such time and in such manner to afford CHT and/or CCST 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

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

SIGNATURE

Date _____ Print Name _____ Signature _____

To validate the information on this form, your signature is required.
By signing, your signature causes this form to be executed and warrants that you, whose signature appears, are, as of the signature date, duly authorized by all necessary action.

For Office Use Only

☐ Copy ☐ E-Mail to Acct Dept Date Entered _____ Initial ____ Notes

Original to Shareholder Dept Date Entered _____ Initial ____