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AUTHORIZATION FOR DIRECT DEPOSIT OF DISTRIBUTIONS

The following authorization is for (Select all that apply)

Myself

My ward, for whom I am custodian

Ward's Name (Only if this authorization is for your ward) _____

I authorize Bristol Bay Native Corporation (BBNC) to initiate credit entries to the bank account at the depository listed below and to initiate debit entries/adjustments for any credit entries BBNC makes in error to this account, provided I receive notification with regard to any such debit entries/adjustments. By signing below, I certify to BBNC that I am an owner of this account.

Select one: Checking Account Savings Account

Bank Name: _____

Branch: _____

City/State: _____

Phone: _____

Bank Routing Number: _____

Account Number: _____

Verify both routing number and account number with your bank. Incorrect numbers provided will result in your direct deposit being rejected or deposited into the wrong account.

This authorization will remain in effect until BBNC has received written notification from me of its termination in such time and manner to afford BBNC and depository a reasonable opportunity to act on it.

A change in address or banking information needs to be received by the 15th day of month prior to a distribution. BBNC distributions are paid the first Friday of March, June, September, and December.

Print Name: _____ Date of Birth: _____

Last 4 digits of SSN: _____ Phone: _____

Mailing Address: _____

Signature _____ Date: _____

Please mail, e-mail or fax completed forms to BBNC to the contact info listed above.