



CHENEGA HERITAGE TRUST

Chenega Heritage Trust Shareholder Direct Deposit Authorization and Termination Form

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.

Shareholder Name _____

Custodian (If Minor) _____

Last 4 of SSN _____ Telephone _____

Address _____

Specify if this is a new direct deposit authorization or termination of an existing direct deposit. NEW AUTHORIZATION TERMINATION
Terminations: Complete Termination and Signature sections.
New Authorizations: Complete New Authorization and Signature sections.

TERMINATION

Mail Check To _____

NEW AUTHORIZATION

I, hereby authorize **CHENEGA HERITAGE TRUST** 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 Chenega Heritage Trust has received written notification from me of its termination in such time and in such manner to afford Chenega Heritage Trust 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 _____

Original to Shareholder Dept Date Entered _____ Initial _____

Notes