Ninilchik Natives Association, Inc
To Enhance the Pride of Our People

Direct Deposit Authorization Form

This direct deposit authorization is for (choose only one):

☐ **Myself** _____
List your full name (First) (Middle) (Last) (Suffix)

☐ **My Ward** _____
List ward's full name (First) (Middle) (Last) (Suffix)

Is this a change to an existing direct deposit?
☐ **Yes** | **No**

Your NNAI mail will be sent here and can only be changed by written request. Your NNAI address must be kept current and must match the address you have on file with the U.S. Postal Service; if your NNAI mail is undeliverable, direct deposit will be cancelled. Online forms and information on changing an address with the Postal Service are available on the Postal Service website, at your local post office or by calling 800-ASK- USPS.

Address: _____
_____
(City) (State) (Zip)

Social Security No.:
(Last four digits only)

Date of Birth: _____
(MM/DD/YYYY)

Home Ph.:_____ **Work Ph.**:_____ **Cell Ph.**: _____

Full Email Address:_____(e.g., you@nnai.net, not you@nnai)

VERIFY YOUR ROUTING AND ACCOUNT NUMBERS WITH YOUR BANK. If you provide an incorrect number, your direct deposit may be rejected or deposited to an incorrect account.

Bank Name:_____ **Bank Phone**:_____ ☐ **Checking**

Bank Routing #:_____ **Account #**:_____ ☐ **Savings**
(Must be nine digits)

By signing below, I certify to The Ninilchik Natives Association, Inc. (NNAI) that I am an owner of this account. I further authorize NNAI to initiate credit entries to the bank account at the Depository listed above and to initiate debit entries/adjustments for any credit entries NNAI makes in error to this account, provided I receive notification with regard to any such debit entries/adjustments. This authority is to remain in full force and effect until NNAI has received my written notification of termination in such time and manner as to afford NNAI and the above Depository a reasonable opportunity to act on it, unless I fail to keep my address updated with NNAI, in which case I understand that direct deposit will be cancelled.

SIGNATURE:_____ **DATE**: _____

1. **TAPE A VOIDED CHECK OR DEPOSIT SLIP ON THE BACK OF THIS FORM showing your name as an account owner (if this authorization is for your ward, the ward's name must be reflected as an account owner)**. Alternatively, a letter from the bank on bank letterhead or a bank statement may be provided as proof of account ownership, providing the bank name, owner's name and account number are preprinted on the document. Absent proof of account ownership, we are unable to process this form.

2. **RETURN THE COMPLETED FORM:**
Mail it: NNAI Shareholder Coordinator, PO Box 39130, Ninilchik, AK 99639
Scan or take photo of the document(s) and email to: shareholders@nnai.net **Fax it**: 907-567-3867 (call ASAP to ensure receipt)

QUESTIONS? Call NNAI Shareholder Coordinator: 888-301-1058; 907-567-3866

FOR OFFICE USE ONLY SH SEQ:_____ FIDUCIARY/WARD SEQ: _____

NNAI ACCT: N Y **If yes, do not add/change primary email address**; contact SH to advise primary

RTN MAIL: _____

UPDATE COMMENTS: Y N FORMS:_____ Delete Annual CK? Y N ENTERED:_____

_____ DATE:_____ VERIFIED:_____ DATE: _____