

UKPEAGVIK INUPIAT CORPORATION
AUTHORIZATION FOR DIRECT DEPOSIT



SHAREHOLDER NAME:	
DATE OF BIRTH:	
SOCIAL SECURITY #:	
SHAREHOLDER ID #:	
MAILING ADDRESS:	
CONTACT PHONE #:	

BANK ACCOUNT INFORMATION:

ACCOUNT HOLDERS NAME:	
BANK NAME:	
BANK ROUTING #:	
BANK ACCOUNT #:	
CHECKING OR SAVINGS: <i>(Chose one)</i>	

Please make sure your account information is correct to avoid any rejections.

I hereby authorize UKPEAGVIK INUPIAT CORPORATION to initiate credit entries to this bank account, and if necessary, to initiate any corrections and adjustments for any credit entries in error to my depository account specified below. This authority is to remain in full force and effect until UIC has received written notification from me of its termination in such time and in such manner as to afford UIC and the Depository a reasonable opportunity to act on it.

TO COMPLETE THE DIRECT DEPOSIT PROCESS, PLEASE PROVIDE BANK VERIFICATION WITH THIS FORM. (Voided check, or bank statement or other proof of account ownership.)

Signature of Shareholder

Date