



# HAIDA CORPORATION

## Direct Deposit Authorization Form

Haida Corporation  
P.O Box 89  
Hydaburg, Alaska, 99922  
(907) 285-3721  
[receptionist@haidacorporation.com](mailto:receptionist@haidacorporation.com)

### SHAREHOLDER INFORMATION

Name on Account: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

New Address?  YES  NO

City, State, Zip: \_\_\_\_\_

### BANKING INFORMATION

Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_

9- Digit Routing #: \_\_\_\_\_

Type of Account: **Checking or Savings:** \_\_\_\_\_

Attach a **Voided** check for the bank account to which funds should be deposited (if necessary)

### SIGNATURE IS REQUIRED FOR DIRECT DEPOSIT TO BE VALID

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By Signing above I accept: Failure to keep my address updated with Haida Corporation, in which case I understand direct deposit will be cancelled.

My Ward, for whom I am Custodian: (First, Middle, Last) \_\_\_\_\_

Haida Corporation is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel in writing.