

AUTHORIZATION FOR DIRECT DEPOSIT - MINOR

Shareholder Name: _____ SSN: _____

Shareholder's Custodian: _____

Shareholder's Address: _____

Phone: _____ Email: _____

I hereby authorize Klawock Heenya Corporation to initiate credit entries to my bank account and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my bank account at the Depository indicated below:

Bank Name: _____ Bank Phone #: _____

City: _____ State: _____

Account No. _____ Routing No. _____

Type of Account:

Checking

Savings

This authority is to remain in full force and effect until Klawock Heenya Corporation has received written notification from me of its termination in such time and in such manner as to afford Klawock Heenya Corporation and the above Depository a reasonable opportunity to act.

Signature: _____ Date: _____

YOU MUST ATTACH: voided check for checking accounts OR savings deposit slip for savings accounts.

Submit: via fax, mail or email marge@aptalaska.net