



**UKPEAGVIK IÑUPIAT CORPORATION**  
**AUTHORIZATION FOR DIRECT DEPOSIT**

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

**BANK ACCOUNT INFORMATION:**

ACCOUNT HOLDERS NAME:	
BANK NAME:	
BANK ROUTING #:	
BANK ACCOUNT #:	
CHECKING OR SAVINGS:	

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

*I hereby authorized UKPEAGVIK IÑUPIAT CORPORATION to initiate credit entries to this bank account, and if necessary, to correct any corrections and adjustments for any credit entries in error to my depository account specified above. 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.)**

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Signature of Shareholder

Date