Arctic Slope Regional Corporation • Attn: Stock Department
PO Box 129 •Barrow, Alaska 99723-0129
(907) 852-8633 • Toll Free: 1-800-770-2772 • FAX (907)852-9457 • E-MAIL: stock@asrc.com

AUTHORIZATION FOR DIRECT DEPOSIT OF ASRC DIVIDENDS

GENERAL INFORMATION

This authorization is for: (*Check one)* ☐ Myself or ☐ Dependent _____
Name

YOUR NAME: _____
(Print) Last Name First Name MI

Date of Birth: _____ Shareholder ID #: _____

Social Security #: _____ Phone #: (___) _____

Has your address changed? ☐ No or ☐ Yes. *If yes, please fill out Change of Address form.*

E-Mail Address: _____

FINANCIAL INSTITUTION INFORMATION

*****You MUST be an owner/co-owner/signatory to electronically transfer funds into specified account.*****

Account Type: *(Select one)* ☐ Checking ☐ Savings

Bank Name _____ Branch Location _____

City _____ State _____ Phone # (___) _____

Routing Number: _____ Account Number: _____

(Please verify routing and account numbers with your bank. If you provide incorrect numbers, your direct deposit may be rejected or deposited to an incorrect account.)

ACCOUNT OWNER'S NAME: _____
(Please print) Last First Middle Initial

I certify that I am an authorized person on the depository account specified above and hereby authorize ARCTIC SLOPE REGIONAL CORPORATION to initiate credit entries to this account, and if necessary or in the event funds are deposited to which I am not entitled, to initiate any corrections and adjustments for any credit entries in error. This authority is to remain in full force and effect until ASRC has received written notification from me of its termination in such manner as to afford ASRC and the Depository a reasonable opportunity to act on it.

X _____ X _____
Shareholder/Custodian of Record Signature **Date**

Please attach: ☐ a voided check ☐ account statement
(check one) ☐ a deposit slip ☐ other proof of account ownership

OFFICE ONLY

☐ account ownership validated

date entered: _____
entered by: _____