



AUTHORIZATION FOR DIRECT DEPOSIT OF ONC DIVIDEND

REMIT TO: Ouzinkie Native Corporation
P.O. Box 89
Ouzinkie, Alaska 99644

I hereby authorize Ouzinkie Native Corp., hereinafter called CORP., to initiate credit entries to my Checking Savings (select one) account indicated below and the Financial Institution named below, hereinafter called BANK, to credit the same to such account. I also authorize the CORP. to initiate a debit entry to reverse any credit entry sent in error.

BANK NAME: _____

BANK ADDRESS _____

CITY/STATE/ZIP _____

YOUR BANK ROUTING # _____ **Must Call Your Bank To Get This Number!**

YOUR ACCOUNT # _____

This authority is to remain in full effect until CORP. has received written notification from me of its termination in such time and in such manner as to afford CORP. a reasonable opportunity to act on it.

Name _____

Social Security Number _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR YOUR ACCOUNT

FOR COMPANY USE ONLY

Date received _____

Processed by _____