



St. George Tanaq

CORPORATION

Authorization for Direct Deposit

SHAREHOLDER INFORMATION

Shareholder Name: _____ Social Security #: _____

Mailing Address: _____

City/State/Zip: _____ Phone#: _____

Please check one:

- Initial enrollment for Direct Deposit
- Change Account Number
- Cancel Direct Deposit

TYPE OF DEPOSIT	\$ AMOUNT OR %	FINANCIAL INSTITUTION	ACCOUNT NUMBER	ROUTING NUMBER
Checking				
Savings				
Other				

*Items that are preceded with an asterisk are required before the direct deposit request can be completed.

A voided check or deposit slip must be attached to direct deposit authorization.

I authorize deposit of my shareholder dividends or distribution to the financial institution I have indicated. The financial Institution is authorized to credit those deposits to the account(s) indicated. This authority will remain in effect until I have given notice of its termination. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I direct and authorize my financial institution and Employer to make the appropriate adjustment.

Signature

Date

Please return completed form to

St. George Tanaq Corp

**3201 C Street Suite 602
Anchorage, Alaska 99503
admin@tanaq.com**

**Phone: 907-272-9886
Toll Free: 1-888-811-9886
Fax: 907-272-9855**