

**CHUGACH ALASKA CORPORATION  
EFT TRANSMITTAL AUTHORIZATION**

**Please complete the appropriate section(s) below indicating participation in the EFT (Electronic Funds Transfer) for all accounts payable payments.**

**EFT DEPOSIT**

I hereby authorize and request Chugach Alaska Corporation (CAC) to deposit my payment as indicated below:

Name of Bank/Financial Unit: \_\_\_\_\_  Checking OR  Savings

**DECLINATION TO PARTICIPATE**

I have been offered an opportunity to participate in the EFT Program but decline.

This authorization permits CAC to initiate credit entries and, if necessary, debit entries and adjustments for any credits in error to my account. This authorization is to remain in full force and is effective until CAC has received written notification from me requesting its termination.

CAC deserves the right to discontinue EFT payments at any time due to system failures or any incidents beyond the control of the company.

**I have attached a voided check or other financial institution document for the bank reflected above showing my account number and routing number. Deposit slips, Withdrawal slips and bank statements are NOT acceptable (see guidelines on back).**

**SUBMIT COMPLETED FORM TO:**

Chugach Alaska Corporation  
Attn: Shareholder Services Department  
3800 Centerpoint Dr., Ste. 1200  
Anchorage, Alaska 99503

Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*STAFF USE ONLY\*\*\*\*\*

**Action Taken**

Verified SH:      Yes \_\_\_\_\_ No \_\_\_\_\_      Form Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

If No - Explain: \_\_\_\_\_

Copy Sent to A/P: Yes \_\_\_\_\_ No \_\_\_\_\_      Date Sent/By: \_\_\_\_\_

Date Data Entered/By: \_\_\_\_\_      SHAREHOLDER SSN: \_\_\_\_\_

## Electronic Fund Transfer (Direct Deposit) Guidelines

In order to be eligible for direct deposit program, please comply with the following guidelines. Deadline for submission of paperwork is 15 calendar days prior to a distribution date.

(Example: Distribution Date: May 31, 2008, EFT Form Due: May 16, 2008)

If you have any questions regarding this EFT form please contact Shareholder Services at 907-550-4133 or toll free at 1-800-858-2768, ext 4133.

- **A voided check or other financial institution document** must be attached. If you do not have an original voided check, you will need to go to your bank and request the bank to prepare a letter or a verification statement with:
  - ⊗ Routing Number,
  - ⊗ Account Number,
  - ⊗ Accountholders Name (Must show your name),
  - ⊗ Bank Representative Name and Contact Number.
  - ⊗ The bank will need to sign off on the prepared information
  - ⊗ Should be printed on the banks letterhead.
- **Your Name & address must be preprinted on the voided check by the bank.** Handwritten information on the check is not acceptable. Please provide proper documentation.
- **Savings Withdrawal Slips are NOT acceptable,** due to the fact that some banks use internal routing numbers on these slips. Please provide a bank generated authorization form regarding your account (see first bullet).
- **A Checking or Savings Deposit Slip is NOT acceptable,** due to the fact that some banks use internal routing numbers on these slips. Please provide a bank generated authorization form regarding your account (see first bullet).
- **A check re-order slip is NOT acceptable,** due to the fact that some banks use internal routing numbers on these slips. Please provide a bank generated authorization form regarding your account (see first bullet).
- **Photocopies/Faxes are NOT acceptable.** In order for the paperwork to remain valid, please send in original documentation.