

Tozitna, Limited

P.O. Box 77129, Tanana, Alaska 99777
www.Tozitna.com ~ Phone 907-366-7255 ~ Office@Tozitna.com

Direct Deposit Authorization Form

Please print and complete ALL the information below. **Mail this form and necessary documents to the address above once completed.**

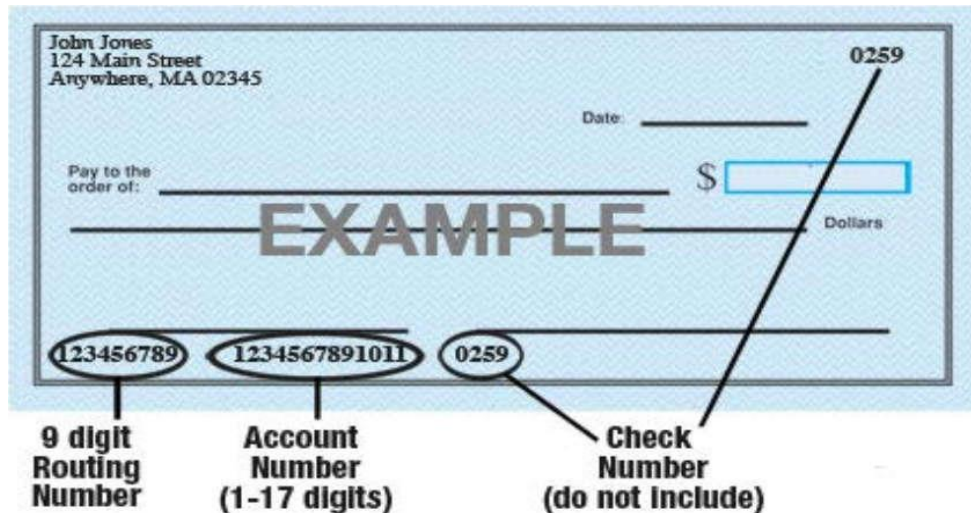
Print Name as it appears on Account: _____

Address: _____

City/State/Zip: _____

Phone Number(s): _____

Email Address (**MANDATORY**): _____



Name of Bank: _____

Account #: _____

9 Digit Routing #: _____

Account (*please check one*): CHECKING SAVINGS

OPTIONAL: Attach a voided check or deposit slip for the bank account to which funds should be deposited.

Tozitna, Limited, Tozitna Settlement Trust and Tanana Gas Company are hereby authorized to directly deposit my funds to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature _____ Date _____