

KAWERAK, INC.
PO Box 948, Nome, AK 99762
V E N D O R
EFT AUTHORIZATION AGREEMENT

AUTHORIZATION FOR AUTOMATIC DEPOSITS

I (we) hereby authorize KAWERAK, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to: Checking or Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. In addition, I agree to receive remittance advice via email.

DEPOSITORY (bank) NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Checking/Savings (CIRCLE ONE)

NAME ON THE ACCOUNT: _____

TRANSIT ROUTING#: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until Kawerak, Inc. has received written notification of its termination.

PRINT NAME: _____

E-mail (for remittance advice): _____

SIGNATURE: _____ **DATE:** _____

Must attach voided check below line before emailing to finance@kawerak.org

Revised 12-2-14