

Request to Cancel Direct Deposit of Dividends

Kavilco must receive this completed form no later than three (3) weeks before a disbursement

I hereby request that KAVILCO INCORPORATED cancel credit entries to my bank account, savings and loan, or credit union specified below

Name _____ Social Security Number _____
(Please Print First, Middle Initial, Last)

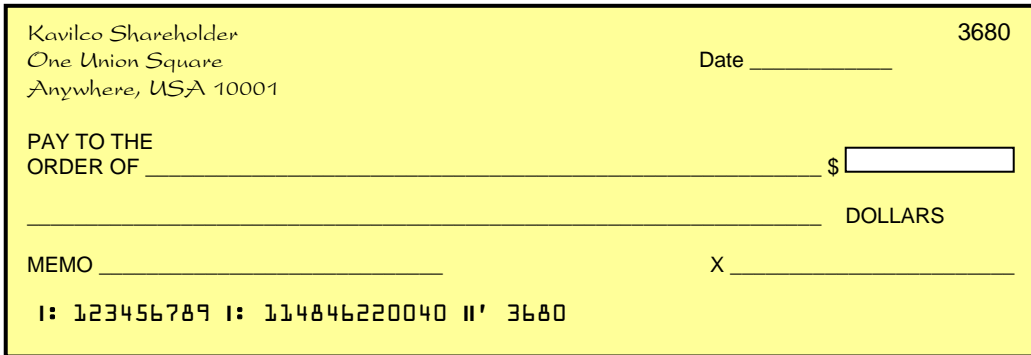
Bank name _____ Branch _____

Branch telephone number _____ Checking _____ Savings _____

City _____ State _____ Zip _____

❖ 9-Digit Bank Routing Number _____ ❖ ❖ Account Number _____

This is an example of where to find your bank's routing and account information



Please mail dividend checks to me at:

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please MAIL completed form to:

Kavilco Incorporated
600 University Street, Suite 3010
Seattle WA 98101-1129