



Direct Deposit (ACH) Authorization Form

Company or Individual Name

hereby authorizes Kodiak Electric Association, Inc to initiate automatic deposits to my account at the financial institution names below. I also authorize Kodiak Electric Association, Inc to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Kodiak Electric Association, Inc responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to any error on the part of my financial institution depositing funds to my account.

This agreement will remain in effect until Kodiak Electric Association, Inc receives written notification of cancellations from me or my financial institution, or until I submit a new direct deposit authorization to Kodiak Electric Association, Inc.

Bank Account Information

New Change Cancel

Name of Financial Institution _____

Routing Number _____

Account Number _____

Account Type Checking Savings
 Business Personal

Signature

Authorized Signature _____ Date _____

Print Name/Title _____

Contact Name _____ Phone _____

Contact Email _____ Fax _____

*Email is to provide notification of direct deposit and remittance advice.

Please return this form to: accounting@kodiak.coop

Mailing Address:

Kodiak Electric Association, Inc.

Tel: (907) 486.7700

Attn: Accounts Payable

Fax: (907) 486-7769

1614 Mill Bay Road

Kodiak, AK 99615