



AUTHORIZATION FOR DIRECT DEPOSIT OF SHAAN-SEET DISTRIBUTIONS

Shareholder Name: _____ SSN: _____

Shareholder Address: _____

Phone: _____ E-mail: _____

I hereby authorize Shaan-Seet, Inc. to initiate credit entries to my bank account and to initiate if necessary, debit entries and adjustments for any credit entries made in error to my bank account at the Depository indicated below:

Bank Name: _____ Bank Phone #: _____

City: _____ State: _____

Account No. _____ Routing No. _____

Type of Account: Checking Savings

This authority is to remain in full force and effect until Shaan-Seet, Inc. has received written notification from me of its termination in such time and in such manner as to afford Shaan-Seet, Inc. and the above Depository a reasonable opportunity to act.

Signature: _____ Date: _____

Attach: voided check for checking accounts (do not send deposit slip), saving deposit slip for savings accounts

Submit: via fax or mail, please do not e-mail as sensitive information is on this document, please call to confirm our receipt of this form.

Mail - PO Box 690, Craig, AK 99921
Fax- 1-907-826-3980