Far West Inc. Shareholder Settlement Trust

Authorization for Direct Deposit

Please Type or Print Clearly

Full Name:		Shareholder ID (if known)
Mailing Address:		SSN (Last 4 Digits)
City/State/Zip:		Birth Date:
Email Address		Phone Number (including area code):
Check one:	 Initial Enrollment for Direct Deposit Change Account Information 	

Cancel Direct Deposit

Complete all information requested below:

Attach copy of voided check or letter from Bank that validates Bank account and routing number.

Bank or Institute for deposit:	Bank Account Number:
Bank Routing Number (ABA):	Check One: Savings Account
If you do not know this number contact your financial institute. We cannot process direct deposit without this number.	Checking Account

By signing below, I certify to Far West Inc. Shareholder Settlement Trust (FWISST) that I am an owner of the bank account listed above. I authorize FWISST, as appropriate, to initiate credit entries to this bank account at the Depository listed above. I further authorize FWISST to initiate debit entries/adjustments for any credit entries FWISST makes in error to this bank account, provided I receive notification with regard to any such debit entries/adjustments. This authority is to remain in full force and effect until FWISST has received my written notification of termination in such time and manner as to afford FWISST and the above Depository a reasonable opportunity to act on it, unless I fail to keep my address updated with FWISST, in which case I understand that direct deposit will be cancelled.

Shareholder Signature

Date

Return Completed form to:

Far West Inc. Shareholder Settlement Trust 1400 W Benson Blvd Ste. 510 Anchorage, AK 99503 shareholders@farwestak.com

If you have any questions regarding the completion of this form contact our Anchorage office at (907) 222-7600 Fax number: (907) 272-2581