

# HOW TO DIRECT DEPOSIT YOUR DOYON, LIMITED DIVIDEND CHECK

1. Section 1: Applicant Information
  - a. Complete Section 1 thoroughly for yourself or ward applicant.
  - b. Must provide verifying information in order for your request to be processed.
  - c. E-mail address; by providing you will automatically receive an **E-Newsletter**.
  - d. Check boxes if you are needing an address update or if you wish to receive your Doyon correspondence electronically.
  
2. Section 2: Ward Information: **Child or Incapacitated Adult Ward**
  - a. **Only complete this section if** you want your ward's dividend deposited into the bank account provided.
  - b. **If applying for ward only, please enter their personal information in Section 1.**
    - i. **Add any additional wards in space provided.**
  - c. If ward's name is not on the account provided, **the bank may reject the deposit.**
  - d. Only the Custodian of record can complete and sign an application for a ward.
  
3. Section 3: Account Information and Authorization
  - a. Indicate Checking or Savings account and print bank name
  - b. Enter nine-digit routing number and account number. **Call bank to obtain routing #.**
  - c. **Read authorization and sign application.** We are unable to process applications without a signature.
  
4. Account Verification:
  - a. Please ensure the account information provided is correct. If needed, contact your financial institution.
  - b. Attach voided check or member verification from bank, if available.
  - c. If for some reason the bank returns the funds, a check will be mailed to address on file.
  
5. Canceling direct deposit:
  - a. In order to cancel direct deposit you must provide Doyon with a signed request.
  - b. **If for any reason you should need to cancel your direct deposit, it must be done in writing prior to the next distribution deadline.**
  
6. Direct deposit:
  - a. May not be deposited into foreign bank accounts or prepaid bank cards.
  - b. May only take place on scheduled direct deposit dates.
  - c. Shareholders with distribution withholdings (IRS, child support) may not receive direct deposit.
  - d. May not take place for any held payments; i.e., bad address, inheritance, etc.
  - e. **Must maintain a valid mailing address to receive direct deposit.**
  - f. **Return information on bottom.**
  - g. If you **fax** in your application, please call the Records department to confirm fax was received.



Doyon, Limited  
**Direct Deposit Application**

**1. Applicant Information**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last four digits of SSN

\_\_\_\_/\_\_\_\_/  
 Date of Birth

**Address Update**

\_\_\_\_\_  
 Mailing Address City State Zip Code

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Email

*Check box if you wish to **receive your Annual Meeting materials electronically**; by providing you will also receive an **E-Newsletter***

**2. Ward Information**

*Please Note: If any of the shareholders listed below are NOT on the account provided, the bank reserves the right to refuse the deposit. Only complete this section if you wish for your ward's dividend to be deposited into the account provided below.*

Ward Name:	Date of Birth:

**3. Account Information and Authorization**

**Bank Name:** \_\_\_\_\_

**For checking, attach voided check if available.**

**Direct Deposit**

**Routing Number:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_  
 (Contact Bank if unknown)

Checking **OR**  Savings

**Account Number:** \_\_\_\_\_

*I hereby authorize Doyon, Limited to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries to my account. By signing below, I certify that I am the owner of this account. This authority is to remain in full force and effect until Doyon has received written notice from me of its termination in such manner as to afford Doyon and my bank a reasonable opportunity to act on it.*

\_\_\_\_\_  
 Signature Print Name Date

**For Office Use Only:**

Shareholder ID \_\_\_\_\_ Hold Codes? N/Y If yes, list \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_