

**CHUGACH ALASKA CORPORATION
EFT TRANSMITTAL AUTHORIZATION**

Please complete the appropriate section(s) below indicating participation in the EFT (Electronic Funds Transfer) for all accounts payable payments.

EFT DEPOSIT

I hereby authorize and request Chugach Alaska Corporation (CAC) to deposit my payment as indicated below:

Name of Bank/Financial Unit: _____ Checking OR Savings

DECLINATION TO PARTICIPATE

I have been offered an opportunity to participate in the EFT Program but decline.

This authorization permits CAC to initiate credit entries and, if necessary, debit entries and adjustments for any credits in error to my account. This authorization is to remain in full force and is effective until CAC has received written notification from me requesting its termination.

CAC deserves the right to discontinue EFT payments at any time due to system failures or any incidents beyond the control of the company.

I have attached a voided check or other financial institution document for the bank reflected above showing my account number and routing number. Deposit slips, Withdrawal slips and bank statements are NOT acceptable (see guidelines on back).

SUBMIT COMPLETED FORM TO:

Chugach Alaska Corporation
Attn: Shareholder Services Department
3800 Centerpoint Dr., Ste. 1200
Anchorage, Alaska 99503
(Fax) 1-907-261-8896

Name (Print) _____

Signature: _____

Date: _____

*****STAFF USE ONLY*****

Action Taken

Verified SH: Yes _____ No _____ Form Complete: Yes _____ No _____

If No - Explain: _____

Copy Sent to A/P: Yes _____ No _____ Date Sent/By: _____

Date Data Entered/By: _____ SHAREHOLDER SSN: _____

Electronic Fund Transfer (Direct Deposit) Guidelines

In order to be eligible for direct deposit program, please comply with the following guidelines. Deadline for submission of paperwork is 15 calendar days prior to a distribution date.

(Example: Distribution Date: May 31, 2008, EFT Form Due: May 16, 2008)

If you have any questions regarding this EFT form please contact Shareholder Services at 907-261-0357 or toll free at 1-800-858-2768, ext. 0357.

- **A voided check or other financial institution document** must be attached. If you do not have an original voided check, you will need to go to your bank and request the bank to prepare a letter or a verification statement with:
 - ⊗ Routing Number,
 - ⊗ Account Number,
 - ⊗ Accountholders Name (Must show your name),
 - ⊗ Bank Representative Name and Contact Number.
 - ⊗ The bank will need to sign off on the prepared information
 - ⊗ Should be printed on the banks letterhead.
- **Your Name & address must be preprinted on the voided check by the bank.** Handwritten information on the check is not acceptable. Please provide proper documentation.
- **Savings Withdrawal Slips are NOT acceptable,** due to the fact that some banks use internal routing numbers on these slips. Please provide a bank generated authorization form regarding your account (see first bullet).
- **A Checking or Savings Deposit Slip is NOT acceptable,** due to the fact that some banks use internal routing numbers on these slips. Please provide a bank generated authorization form regarding your account (see first bullet).
- **A check re-order slip is NOT acceptable,** due to the fact that some banks use internal routing numbers on these slips. Please provide a bank generated authorization form regarding your account (see first bullet).
- **Photocopies/Faxes are NOT acceptable.** In order for the paperwork to remain valid, please send in original documentation.