

# Direct Deposit Form

Use this form after you have submitted your PFD application and want to add, change, or withdraw your direct deposit information. The PFD Division will apply this direct deposit change to current year records only. Requests with incomplete or incorrect information will not be processed.

Has your address changed since you applied for the dividend? If so, please submit our Address Change Form available at our website at [www.pfd.alaska.gov](http://www.pfd.alaska.gov), or at one of the Division offices.

Whose Direct Deposit information are you changing? Include your name if changing your information					
First Name	MI	Last Name	Last four digits of SSN	Date of Birth (MM/DD/YY)	ALN- Division Use Only
First Name	MI	Last Name	Last four digits of SSN	Date of Birth (MM/DD/YY)	ALN- Division Use Only
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**Mark one of the following and follow the directions carefully**

<b>ADD</b> <input type="checkbox"/> If adding information, provide new financial information	<b>CHANGE</b> <input type="checkbox"/> If changing information provide new information and information currently on record	<b>WITHDRAW</b> <input type="checkbox"/> If withdrawing from Direct Deposit, provide information currently on record
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**Provide NEW Financial Institution Information when Adding or Changing**

Enter NEW Financial Institution Name		Financial Institution Routing Number			
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>			
Check the appropriate box to indicate if the account is a checking or savings account.	<input type="checkbox"/> <b>Checking</b>	OR	<input type="checkbox"/> <b>Savings</b>		
Enter the account number. (See instructions on the back of this form)	<input style="width: 100%;" type="text"/>				
If adding or changing a child's account, check the appropriate box to indicate whose name is on the account.	<input type="checkbox"/> <b>Child's</b>	OR	<input type="checkbox"/> <b>Sponsor's</b>	OR	<input type="checkbox"/> <b>Both</b>

**Provide Financial Information currently on record when Changing or Withdrawing**

**NOTE: For security purposes, the information that is currently on the record is required. If unsure of the bank information currently on the record, provide identification at one of PFD's offices OR have this form notarized. See back.**

Previous Financial Institution Name	Previous Financial Institution Account Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Signature: I certify that I am authorized to change the financial institution information of the person(s) listed above. If applicant is a child, the adult who sponsored the application must sign. If signing on behalf of another adult, provide proof of legal authority to sign on their behalf. Unauthorized requests will not be processed.**

<b>SIGNATURE IS REQUIRED FOR ALL ADULTS 18 AND OVER</b>	Adult Signature	Date	Daytime Telephone Number
	Printed name of the person who signed	Social Security Number	Date of Birth
	Adult Signature	Date	Daytime Telephone Number
	Printed name of the person who signed	Social Security Number	Date of Birth

Phone Number	Email Address
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Send this completed form to: Permanent Fund Dividend Division, PO Box 110462, Juneau, AK 99811-0462  
Phone (907) 465-2326, Fax (907) 465-3470

[Empty box for Adult or Sponsor's Name]

**Direct Deposit Instructions**

The **routing number** is always the first set of 9 digits on the bottom of your check starting from the left. If you are unsure of the routing number, contact your financial institution directly.

The **account number** is typically the second series of digits on the bottom of your check starting from the left. Enter the account number starting on the left side, without dashes or other characters.

For example, if your account number is 123-4567890, you should enter your account as:

Start account number from this side  $\longrightarrow$  Enter the Account Number

1	2	3	4	5	6	7	8	9	0										
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**Requests with incomplete or incorrect information will not be processed.**  
**If you are unsure of the account or account number, contact your financial institution.**

Jane Doe 1234 Main St. Anytown, AK 99444		999
PAY TO THE ORDER OF _____		\$ _____
Your Bank 1234 Main St. Anytown, AK 99444		DOLLARS
FOR _____		
⑆ 1 2 3 4 5 6 7 8 9 ⑆	⑈ 1 2 3 4 5 6 7 ⑈	9 9 9
⑆ 1 2 3 4 5 6 7 8 9 ⑆	⑈ 1 2 3 4 5 6 7 ⑈	<del>9 9 9</del>
Routing Number	Account Number	Check Number

<b>Notary Adult one</b>	Alaska Postmasters may provide notary requirements. (Name, title, cancellation stamp, location and date)
State of _____	
_____, being by me duly sworn, personally appeared before me and signed this document.	
Name of Requestor _____	
Signature of Requestor _____	
Subscribed and sworn before me by _____ this _____ day of _____, 20____.	
Name of Notary Public _____	
Notary Commission expires: _____	Signature of Notary Public _____
<b>Notary Adult two</b>	Alaska Postmasters may provide notary requirements. (Name, title, cancellation stamp, location and date)
State of _____	
_____, being by me duly sworn, personally appeared before me and signed this document.	
Name of Requestor _____	
Signature of Requestor _____	
Subscribed and sworn before me by _____ this _____ day of _____, 20____.	
Name of Notary Public _____	
Notary Commission expires: _____	Signature of Notary Public _____
<b>PFD Division Representative</b>	
_____ appeared before me with picture identification.	
Name of Requestor(s) _____	
Printed name of PFD Division Representative _____	Date _____