

**Alaska Department of Revenue
Permanent Fund Dividend Division
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, 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
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

Mark one of the following and follow the directions carefully

ADD <input type="checkbox"/> If adding information, provide new financial information	CHANGE <input type="checkbox"/> If changing information provide new information and information currently on record	WITHDRAW <input type="checkbox"/> If withdrawing from Direct Deposit, provide information currently on record
---	---	---

Provide NEW Financial Institution Information when Adding or Changing

Enter NEW Financial Institution Name

Financial Institution Routing Number

Check the appropriate box to indicate if the account is a checking or savings account.

Checking **Savings**
 OR

Enter the account number. (See instructions on the back of this form)

Account Number

If adding or changing a child's account, check the appropriate box to indicate whose name is on the account.

Child's **Sponsor's** **Both**
 OR OR

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

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.

SIGNATURE IS REQUIRED FOR ALL ADULTS 18 AND OVER	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

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

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 —————> Enter the Account Number

1	2	3	4	5	6	7	8	9	0										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

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 _____ \$ _____
 _____ DOLLARS

Your Bank
 1234 Main St.
 Anytown, AK 99444

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 ⑆ 9 9 9

Routing Number
Account Number
Check Number

Notary	Adult one	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: _____		Notary Seal
Signature of Notary Public _____		
Notary	Adult two	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: _____		Notary Seal
Signature of Notary Public _____		
PFD Division Representative		
_____ appeared before me with picture identification.		
Name of Requestor(s) _____		
Printed name of PFD Division Representative _____		Date _____