

**Alaska Department of Revenue
Permanent Fund Dividend Division
2009 Direct Deposit Form**

PFD Division Use Only
PFD ALN: 20090

Use this form only **after** you have submitted your 2009 PFD application and want to **add, change, or withdraw** your direct deposit information. The Permanent Fund Dividend (PFD) Division will apply this direct deposit change to current year records only. **Has your address changed since you applied for the 2009 dividend?** If so, please submit our Address Change Form. You can obtain this form at our website at www.pfd.alaska.gov, or at one of the dividend offices.

Check the appropriate box to indicate the type of request you are making on your 2009 Direct Deposit.	Add <input type="checkbox"/>	Change <input type="checkbox"/>	Withdraw <input type="checkbox"/>	Note: If withdrawing from Direct Deposit, skip section A and answer sections B and C.
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Section A: Account Information

Enter the Bank/Federal Credit Union Code. (See the back of this form for Bank/Federal Credit Union codes)	Code <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	Bank or Federal Credit Union Name <input style="width:90%; height:20px;" type="text"/>
Check the appropriate box to indicate if the account is a checking or savings account.	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
Enter the account number. (See instructions on the back of this form)	Account Number <input style="width:90%; height:20px;" type="text"/>		
If adding or changing a child's account, check the appropriate box to indicate whose name is on the account.	Child's <input type="checkbox"/>	Sponsor's <input type="checkbox"/>	Both <input type="checkbox"/>

Section B: Apply this request to each individual listed below

First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
<input style="width:95%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
<input style="width:95%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
<input style="width:95%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
<input style="width:95%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
First Name	MI	Last Name	Social Security Number	Date of Birth (MM/DD/YY)
<input style="width:95%; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>

Section C: Signature

I authorize the Permanent Fund Dividend Division to make the changes listed above. **All adults listed above must sign. If a child is listed above, the person who applied for the child must sign. 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
	Adult Signature	Date	Daytime Telephone Number
	Printed Name of the person who signed	Social Security Number	Date of Birth

Send or deliver this completed form to:

**Alaska Department of Revenue
Permanent Fund Dividend Division
11th Floor, State Office Building
PO Box 110462
Juneau, AK 99811-0462**

Phone (907) 465-2326 Fax (907)465-3470

**Alaska Permanent Fund Dividend Division
Direct Deposit Information**

Those who apply online in January and qualify for direct deposit will be paid faster.
Direct Deposits start in October. Checks will be mailed starting in November.

Apply online at www.pfd.alaska.gov

Bank/Federal Credit Union Codes

Code	Name	Code	Name	Code	Name
CF	Advancial FCU	CQ	Credit Union 1	BT	Mt. McKinley Bank
C7	Alaska Airlines Employees FCU	CG	Denali Alaskan FCU	CX	Northern Skies FCU
CA	Alaska District Engineers FCU	BJ	Denali State Bank	BY	Northrim Bank
BB	Alaska Pacific Bank	BM	First Bank	CW	Spirit of Alaska FCU
CD	Alaska USA FCU	BO	First National Bank Alaska	CZ	Tongass FCU
C3	ALPS FCU	BR	Key Bank of Alaska	CC	True North FCU
CH	City of Fairbanks FCU	CS	Matanuska Valley FCU	BU	Wells Fargo
		CP	MAC FCU		

Account Number. Enter the account number starting at the left side of the Account Number box. You may use dashes in the account number if appropriate. Do not include the routing number. For example, if your account number is 123-4567890 you should enter your account as:

Start from this side. →

New Account Number										
1	2	3	4	5	6	7	8	9	0	

If you have questions about your account type or account number, please contact your financial institution.

