



GOLDSTAR

TRUST COMPANY

P.O. Box 719
Canyon, TX 79015
(800) 486-6888
(806) 655-2490 (fax)

DIRECT DEPOSIT / ACH AUTHORIZATION FORM

Account Registration: _____ Account #: _____

_____ Social Security #: _____

Address: _____ Daytime Phone#: _____

_____ E-Mail Address: _____

PAYMENT ELECTION

I(We) make the following election to have the selected payment(s) direct deposited into my(our) checking account. I(We) understand that due to the ACH reporting limitations of most banks, a detailed summary of each payment sent to my(our) bank may not be reported me(us) by my(our) bank, and that I(we) will obtain this information through the GoldStar web site.

MARK ALL THAT APPLY:

All Bond Principal and Interest Payments

All Automatic IRA Distributions (An established recurring distribution, or a completed IRA withdrawal form to set up recurring distributions, is required with this form)

BANK INFORMATION

Your bank, savings and loan, or credit union must be a member of the Automated Clearing House (ACH) network. It is important that you tape a voided check in the space provided below; if you do not, there will be a delay in setting up the service.

Bank Name

Bank Telephone Number

Bank Account Number

Bank Routing Number (located in the bottom left corner of your checks)

<i>J.T. Client</i>		101
<i>123 Street</i>		
<i>Anywhere, USA 12345</i>		DATE: _____
PAY TO THE		
ORDER OF _____	\$ <input type="text"/>	
_____		DOLLARS
MEMO _____	SIGNED _____	VOID
:123456789 :	12 3456789:	

Attach voided check here

ACCOUNT HOLDER’S ACKNOWLEDGEMENT AND SIGNATURE

I(We) hereby authorize GoldStar Trust Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my(our) account at the bank named above. I(We) authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me(us) at any time by written notification to GoldStar Trust Company and to the bank. The termination request will be effective as soon as GoldStar Trust Company has had a reasonable amount of time to act upon it.

Important: If you are required to obtain a signature guarantee (see the next section), **do not sign below until you are in the presence of an authorized officer.**

Account Holder Signature _____ Date _____
(account holder, custodian or trustee)

Secondary Account Holder Signature _____ Date _____
(joint account holder)

THIS AUTHORIZATION FORM MUST BE SIGNED BY ALL REGISTERED OWNERS

SIGNATURE GUARANTEE – IF APPLICABLE

- The names on your bank account must exactly match the names on the GoldStar account you have listed. If they do not, all owners of the GoldStar accounts must have their signatures guaranteed
- If a signature guarantee is necessary and you do not provide one, GoldStar cannot establish this option on your account.
- You can obtain a signature guarantee from an authorized member of a bank, broker, or other qualified financial institution. A notary public **cannot** provide a signature guarantee.

Signature of Guarantor

Title / Name of Institution

– –

Date (month, day, year)

Authorized Officer to Place Stamp Here