



GOLDSTAR
TRUST COMPANY

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

REQUEST FOR SINKING FUND PAYMENT BANK DRAFT PLAN

Name of Account: _____ Trust Number: _____

Address: _____ Phone Number: _____

E-Mail Address: _____

GoldStar Trust Company is hereby requested and authorized to withdrawal (debit) either weekly or monthly (determined by our existing Sinking Fund Schedule) our checking account at the:

Name of Bank and Branch, if any

Bank Telephone Number

Address of Bank or Branch Where Account is Maintained

Bank Account Number

All weekly drafts will be debited on or after each Thursday. All monthly drafts will be debited on or after the Thursday falling on or following that month's due date.

| | |
|----------------------------|-------------------------|
| <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: |

PARTICIPANT'S ACKNOWLEDGEMENT AND SIGNATURE

We hereby authorize GoldStar Trust Company to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to our account at the bank named above. Such debit entries shall be made on or after each Thursday (for weekly drafts) or on or after the Thursday falling on or following that month's due date (for monthly drafts). We authorize the bank to accept any such debits or credits to our 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 upon thirty (30) days written notice.

(Print name exactly as it appears on bank records)

Authorized Signature _____ Date _____