



GOLDSTAR TRUST COMPANY

DIRECT DEPOSIT / ACH AUTHORIZATION FORM

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

ACCOUNT HOLDER(S)

Name(s) _____ GoldStar Account # _____
_____ Social Security # _____
Address _____ Daytime Phone _____
_____ Email _____

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 to me(us) by my(our) bank, and that I(we) will obtain this information through the GoldStar website.

MARK ALL THAT APPLY: ALL BOND PRINCIPAL AND INTEREST PAYMENTS ALL IRA DISTRIBUTIONS

BANK INFORMATION

Bank Name: _____ Bank Phone: _____
Bank Address: _____
City: _____ State: _____ Zip: _____
Name of Bank Account: _____
Routing / ABA Number: _____ (must be 9 digits in length)
Checking Account Number: _____

Note: It takes 5 business days from the day GoldStar receives your request to establish ACH service and electronically confirm the account with your bank. A voided check **MUST BE ATTACHED** when form is mailed (please include a clear copy of voided check if form is faxed or scanned).

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 right), do not sign below until you are in the presence of an authorized officer.

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

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

SIGNATURE GUARANTEE – IF APPLICABLE

If the name(s) on your bank account are not identical to the name(s) on your GoldStar account(s), you must have your signature(s) 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.

AUTHORIZED OFFICER TO PLACE STAMP HERE