



ACCOUNT INFORMATION

Name of Account: _____ Trust Number: _____
Address : _____ Daytime Phone: _____

E-mail: _____

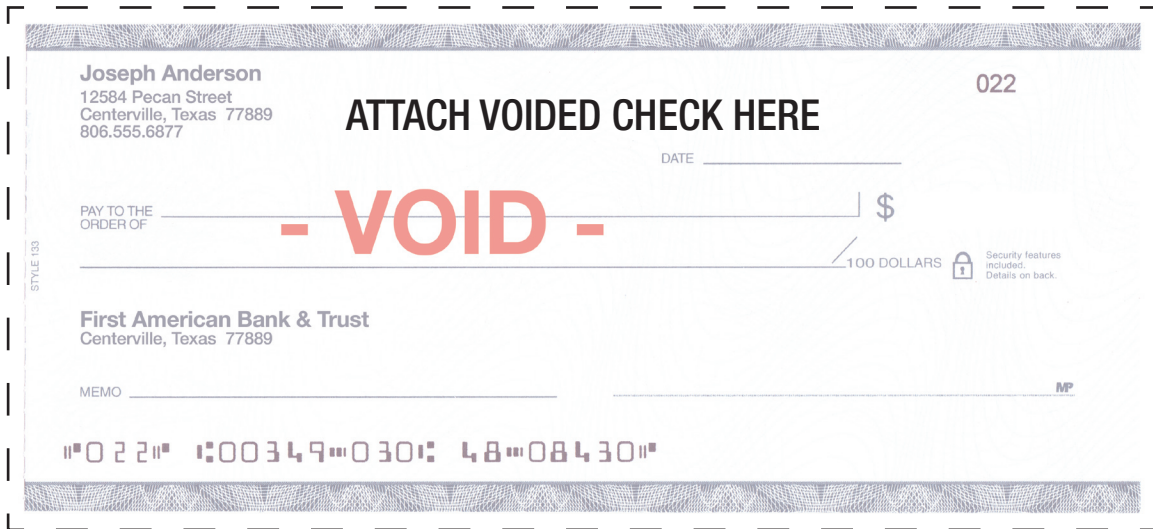
BANK INFORMATION

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:

Bank Name: _____ Bank Phone: _____

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.

A voided check MUST be attached below. Otherwise, we cannot set up the service.



AUTHORIZATION AND ACKNOWLEDGMENT

PARTICIPANT'S ACKNOWLEDGMENT AND SIGNATURE

I (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). I (we) authorize the bank to accept any such debits or credits to our account without responsibility for their correctness. I (we) further agree that GoldStar Trust Company will not incur any loss, liability, cost, or expense for acting upon this request. I (we) 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 _____