



GOLDSTAR
TRUST COMPANY

GAMMA
DIRECT DEPOSIT / ACH
AUTHORIZATION FORM

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

ACCOUNT HOLDER(S)

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

PAYMENT ELECTION

I(We) understand that all bond principal and interest payments are first deposited into the GAMMA. A GAMMA Withdrawal Request form must be completed in addition to this form to receive cash distributions from the account. 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 I(we) will obtain this information through the GoldStar website.

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(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 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, if any)
Date _____

SIGNATURE GUARANTEE – ONLY 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