

DIRECT DEPOSIT / ACH AUTHORIZATION FORM (for IRA)

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IF YOU HAVE PREVIOUSLY BEEN SET UP FOR DIRECT DEPOSIT, THERE IS NO NEED TO RESUBMIT THIS FORM UNLESS YOUR BANK INFORMATION HAS CHANGED.

| IRA ACCOUNT HOLDER | |
|---|--|
| Name | GoldStar Account # |
| Address | Daytime Phone |
| | Email |
| PAYMENT ELECTION | |
| | rect deposited into my checking account. I understand that due to the ACH reporting payment sent to my bank may not be reported to me by my bank, and that I will obtain |
| BANK INFORMATION | |
| Bank Name: | Bank Phone: |
| Bank Address: | |
| City: | State: Zip: |
| Name on Bank Account: | |
| Routing / ABA Number: | (must be 9 digits in length) |
| Checking Account Number: | |
| | |
| ereby authorize GoldStar Trust Company to initiate credit entries bit entries and adjustments for any credit entries in error to my a ove. I authorize the bank to accept any such credits or debits to sponsibility for their correctness. I further agree that GoldStar Trucur any loss, liability, cost, or expense for acting upon this request thorization may be terminated by me at any time by written notify impany and to the bank. The termination request will be effective tempany has had a reasonable amount of time to act upon it. | account at the bank named my account without list Company will not st. I understand that this fication to GoldStar Trust |
| IPORTANT: If you are required to obtain a signature guarantee | AUTHORIZED OFFICER TO PLACE STAMP HERE |
| elow until you are in the presence of an authorized officer. | |
| elow until you are in the presence of an authorized officer. count Holder Signature (account holder, custodian or trustee) | |