

ddress:		GoldStar Account #:	
	Daytime Phone:		
	Email:		
ANK INFORMATION			
oldStar Trust Company is hereby requested and authorized	to withdrawal (debit) monthly fr	om my checking account at the:	
ank Name:	Bank Phone:		
ank Address:			
ity:	State:	Zip:	
ame on Bank Account:			
outing / ABA Number:	(n	nust be 9 digits in length)	
hecking Account Number:			
you choose to draft from a savings account, we will umber on bank letterhead.	l need your bank to confirm	your savings account number and routi	
RAFT INSTRUCTIONS			
nter the amount to draft from your bank account mor	nthly: \$		
lark the date you would like your bank account drafted d <u>elect one:</u>	d each month.		
1st 17th 20th 26t	th		
our account will be debited monthly on the chosen dat	e (or the next business day if	a weekend or bank holiday).	
ote: It takes 5 business days from the day GoldStar rec ccount with your bank.	eives your request to establis	h ACH service and electronically confirm the service and electronically confirm the service and electronically confirm the service and electronical service and e	
return check fee of \$50 will be charged for insuff	ïcient funds.		
CKNOWLEDGEMENT AND SIGNATURE			
hereby authorize GoldStar Trust Company to initiate debit entries a o my account at the bank named above. Such debit entries shall be ccept any such debits or credits to my account without responsibil ss, liability, cost, or expense for acting upon this request. I underst o GoldStar Trust Company and to the bank. The termination request	e made on or after the chosen draft lity for their correctness. I further ac tand that this authorization may be	date (1st, 17th, 20th or 26th). I authorize the bank gree that GoldStar Trust Company will not incur an terminated by me at any time by written notification	

Date

GTC REV 02/2017

Signature