## AUTHORIZATION AGREEMENT DIRECT PAYMENTS (E-CHECK)

I (we) hereby authorize Golden Star Properties, LLC to debit entries to my (our) account indicated below and the Financial Institution, to debit same such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

I would like my pa	yments process	sed on the	$1^{st}$ - $5^{th}$ - $12^{th}$ (circle one)	
Financial Institution	on-(Name of yo	ur bank)	Branch	
Address	City/State		Zip	
Routing Number-(9 digits bottom left)			Banking Account Number	
Check	ing Account	or	Savings Account	
Business Account		or	Personal Account	
Contact Person/Ph	one No. at banl	ζ		
date. This authority notification of its to opportunity to act	cess on the sele y is to remain in ermination in s on it. In the eve	cted day on full force time a check	Amount to Withdraw Each Month of each month or the business day prior to this e and effect until we have received written and manner as to afford us a reasonable k or an ACH Debit item is returned unpaid, a from your banking account in the amount of	
Print Your Name			Printed Name of Second Party	
Signature			Signature of Second Party	
Date				

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM Mail to Golden Star Properties, LLC, P.O. Box 657, Paris, Tennessee 38242