

AUTHORIZATION FOR ACH

Please note this form is for use on accounts that are already distributing

If you would like to have payments sent to your bank via ACH please complete this form and return to us along with a voided check for checking account deposits or instructions on bank letterhead for savings account deposits.

Investor Name _____ Investor/Partner Number _____

Address _____
Street City State Zip Code

I (We) hereby authorize **PSG Capital Partners, Inc.** (the "Company") to deposit distributions from my (our) interest in the units of the Company into the account listed below at the financial institution indicated below ("my Account"). I further authorize the Company to debit my Account in the event the Company erroneously deposits additional funds to which I am not entitled, provided that such debit shall not exceed the original amount of the erroneous deposit.

This authorization is to remain in full force and effect until the Company has received written notice from me of the termination of this authorization in time to allow reasonable opportunity to act on it or until the Company has sent me written notice of termination of this authorization.

Signature: _____ Investor Date: _____

Signature: _____ Joint Investor Date: _____

THIS REQUEST WILL NOT BE HONORED UNLESS AN ORIGINAL VOIDED CHECK IS ATTACHED

ATTACH VOIDED ORIGINAL CHECK HERE
(OR BANK INSTRUCTIONS FOR SAVINGS ACCOUNTS)

Return this completed form to:
PSG Capital Partners, Inc.
31878 Del Obispo Street, Suite 118-338
San Juan Capistrano, CA 92675-3224
PHONE • 949.290.6876 FAX • 949.269.0403