

AUTHORIZATION FOR DIRECT DEPOSITS (ACH CREDITS)

I (we) hereby authorize Sandstone Capital, Inc., hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing

Number: _____ Account

Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____

Date: _____ Signature: _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM

Instructions

Click checking or Savings

Depository Name: Investor's bank name

Branch: Investors Branch name

City, State, zip. City State and zip where Investors Bank is located

Name(s): Investors name or Name of Investors Company

ID Number: Unique Id for this particular investor.