

SAXUM ASSETCO, LLC

ACH DIRECT DEPOSIT ENROLLMENT FORM

OWNER INFORMATION

Owner Name _____

Owner Number _____

Tax ID _____

Mailing Address _____

Phone Number _____

Email Address _____

BANKING INFORMATION

Bank Name _____

Bank Routing Number (ABA, 9 digits) _____

Bank Account Number _____

Name on Bank Account _____

Account Type _____

AUTHORIZATION

I hereby authorize Saxum Assetco, LLC ("Saxum") and the financial institution referenced above to electronically deposit payment to the account specified. The Automated Clearing House (ACH) will be used to facilitate payment at no cost to you. This authority will remain in effect until I have provided Saxum with written notification to the contrary, or if Saxum deems it no longer feasible. I understand that I can change my account or financial institution arrangement by completing a revised Saxum Direct Deposit ACH Enrollment Form. I agree that Saxum may reverse any electronic payment that is determined to be fraudulent, duplicate, or made in error.

Owner Signature _____ Date _____

Printed Name _____ Title _____

Important Notes:

- Please return the form by mail to the address below or email to accounting@saxumcp.com
- Must attach a copy of voided check or bank letter, and owner W-9
- Please allow up to 60 days for processing and implementation