



DIRECT DEPOSIT AUTHORIZATION FORM

As of May 2009

This authorization form provides Tarsadia Hotels the authority to deposit your monthly rental revenues to the account you specify below. Please complete one form for each Owner that receives revenue disbursements and would like them electronically deposited. **Please provide the details exactly as they appear on the account or your bank may refuse the funds and your monthly revenue distribution will be delayed.** If the form is filled out for an Owner not currently receiving revenue disbursements, we will also need a new *Distribution of Revenue Form* which you can download at www.rockroyaltysd.com/contact.html. If your financial institution does not participate for some reason, we will let you know. Return details are at the bottom of the form.

<i>Suite Number</i>	<i>Full Name (individual or entity – EXACTLY as it appears on the account)</i>
<i>Name of Financial Institution</i>	
<i>Routing #</i>	
<i>Account #</i>	
<i>Account Type</i>	<input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> <i>Checking</i>
<i>Additional Information, If Any</i>	
<i>Please attach a voided check to this form for verification of the Account and Routing #s.</i>	

By signing this form, I hereby authorize Tarsadia Hotels to deposit my monthly rental revenues into the account above. This authority is to remain in full force and effect until Tarsadia has received written notification from me of its termination in such time and in such manner as to afford Tarsadia reasonable opportunity to act on it.

Signature _____
Date