

Cash4Gold Corporation

1935 North King Street # 101 Honolulu Hi 96819 Ph: 808-845-1499

Fax this authorization to: 1-808-356-0488 * 1-801-459-5773

Signature Authorization

I hereby authorized Cash4Gold Corporation, Danilo Napala and the financial institution to initiate electronic or physical withdrawals and/or deposits to the bank account shown below. I further authorized Cash4Gold Corporation, Danilo Napala and the financial institution to release information, a copy of the bank statements for verification, order a consumer credit report and verify other credit information, including past and present credit and landlord references. All expenses, fees and penalties shall solely be on my account.

A copy of this authorization may be deemed as to be the equivalent of the original and shall be effective as a consent as the original I have signed.

This authorization will remain in effect until revoked by me in writing. I understand that any cancellation in writing will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account. I understand that Cash4Gold Corporation, Danilo Napala and/or the financial institution indicated reserve the right to end this plan and my participation therein.

Name of your bank, savings and loan or credit union

Account from which you wish electronic funds transferred/withdrawal:

Checking account no. _____

Savings account no. _____

Please print your name (as shown on financial institution records)

Your Address:

Street City state zip

Daytime phone: _____ Email: _____

Signature (as shown on financial institution records)

Date: _____ Social Security no. _____

Note: To insure proper bank coding of your transfer, please **attach a voided check**