

MILLS ESCROW COMPANY

6501 Boeing, Suite H-4
P. O. Box 371805
El Paso, TX 79937
915-771-8006 Voice/915-771-8233 Fax
Email info@millsescrow.com

DATE: _____

RE: Investor Income Instructions

In order to process your request that Mills Escrow direct deposit your income directly into your account each month we will need the following information:

Bank: _____

Contact Name: _____ Telephone: _____

Account Title: _____

Checking Account Number: _____

Bank Routing Number: _____

You must notify us ten (10) days prior to the "deposit date" if there are any changes to the above. Please include a voided check.

Your signature is needed to authorize this direct deposit process each month.

DATE

DATE

Should you have any questions or need any additional information regarding this process, please feel free to contact me.

With kindest regards, I am,

Sincerely yours,

MILLS ESCROW COMPANY

Joye Mills, President

JPM:sp