

Investor ACH Deposit Agreement

ACH Deposit Agreement

I (we) hereby authorize **Carolina Capital Reserve Fund I ,LLC hereinafter called COMPANY,** to initiate automatic deposits to my account at the financial institution named below. I also authorize the Company to make withdrawals from this account, in the event that a credit entry is made in error.

Further, I agree not to hold the Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the Company receives written notice of cancellation from me or my financial institution, or until I submit a new ACH Deposit Agreement Form.

Account Information

Name of Financial Institution: _____

Address of Financial Institution: _____

Bank Account Name(s): _____

Routing Number: _____

Account Number: _____

Please Check One: Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____