COMPLETE THIS PART ONLY IF YOU WANT AUTOMATIC MONTHLY DEDUCTIONS

monthly au the amoun shares of I Resource (eby authorize American Stock Transfer & Trust Company to mak stomatic transfers of funds from the checking or savings account t stated below. This monthly deduction will be used to purchas Resource Capital Corp. Common Stock for deposit into my (ou Capital Corp. account.	2. Print the complete Bank Account Number. 3. Print the name on Bank Account as it appears on your bank statement. 4. Print the complete name of your financial institution, including the branch name and address. 5. Print the ABA Number (Bank Number) from your check or savings deposit slip. 6. Amount of automatic monthly deduction: Indicate the monthly amount authorized to be transferred from your account. The minimum is \$25 per
Signature(s)		month and the maximum is \$10,000 per month from your checking or savings account to purchase Resource Capital Corp. Common Stock.
	Daytime	Please enclose a copy of a VOIDED check or savings deposit slip to verify banking information.
Date	Phone Number	_
Plea 1.		MATION BELOW FOR STOCK DMATIC MONTHLY DEDUCTIONS.
2.		
_	Bank Account Number	
3.	Name of Bank Account	
4.		
	Financial Institution	
	Branch Name	
	Branch Street Address	
	Branch City, State and Zip Code	
5.	ABA Number	6. \$ Amount of automatic deduction
		MS 2 AND 5 WITH YOUR BANK
		TING THIS APPLICATION.
	Name on Bank Account JOHN A. DOE MARY B. DOE 123 YOUR STREET ANYWHERE, U.S.A. 12345	20 63-858 670
	PAY TO THE ORDER OF	\$
	Financial	DOLLARS
	Institution and First National Bank Branch of Anywhere 123 Main Street Anywhere, U.S.A. 1234	5
	FOR	SAMPLE (NON-NEGOTIABLE)
	:071000013:	123456789 »
Resource Cap/	/ Corp. Enroll. App. 04-07-06	

ABA Number

Bank Account Number