



RYMAN HOSPITALITY PROPERTIES, INC.

A REAL ESTATE INVESTMENT TRUST

Payroll Direct Deposit Authorization

Form with fields: *LAST NAME, *FIRST NAME, MIDDLE INIT, * S.S.# or EMPL ID#, *PROPERTY, *PAYROLL BASIS, *DAYTIME PHONE#

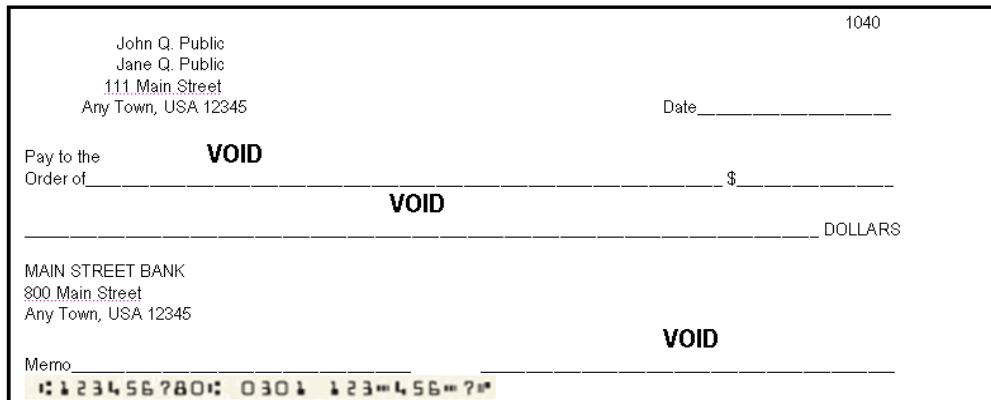
Please indicate the following:

- Checkboxes for authorization types: This is a new authorization, This authorization is in addition to my current direct deposit, This authorization replaces my current direct deposit, This authorization cancels all current direct deposits, Other:

Tape a voided check or check copy below for each account... Do not staple ***DO NOT ATTACH DEPOSIT SLIPS FOR ANY TYPE OF ACCOUNT***

DIRECT DEPOSIT(S) WILL OCCUR ON THE NEXT SCHEDULED PAY DATE (WITH NO PRENOTE) PROVIDED ALL DOCUMENTATION IS RECEIVED TIMELY AND CORRECT.

UP TO THREE (3) ACCOUNTS ALLOWED PER EMPLOYEE



IF ACCOUNT IS CLOSED WITHOUT PAYROLL NOTIFICATION OR INCORRECT INFORMATION IS PROVIDED, PAYMENT COULD BE DELAYED UP TO 14 DAYS.

I hereby authorize Ryman Hospitality Properties and the financial institution listed below to automatically deposit my net pay as follows:

Form for Financial Institution, Account #, Amount \$, and checkboxes for Checking, Savings, Full Net Pay

Form for Financial Institution, Account #, Amount \$, and checkboxes for Checking, Savings, Remaining Net Pay

Form for Financial Institution, Account #, and checkboxes for Checking, Savings, Remaining Net Pay

At least one (1) account must be designated to receive remaining net pay

If funds to which I am not entitled are deposited by my employer to my account(s), I authorize my employer to direct said financial institution(s) to return said funds. This authority will remain in effect until I have filed a new authorization, or until evoked by me in writing, or upon termination of my employment. I hereby acknowledge that I have been informed that there will be an approximate thirty (30) day waiting period before my automatic deposit begins unless sufficient documentation of my account information has been provided.

Signature _____ Date _____