



BUSINESS PRE-AUTHORIZED DEPOSIT/DEBIT AGREEMENT

You authorize Plastiq Canada Inc. (Plastiq) and the financial institution designated (or any other financial institution you may authorize at any time by providing Plastiq with alternate account information), for business services, to:

1. make deposits in the account as per your instructions (such as, but not limited to, telephone instructions, or the placing of an order for goods or services) for regular recurring payments and/or one-time payments,
2. debit the account for refund amounts authorized by you and shown as credits in Plastiq Canada Inc's system from time to time.
3. debit the account at any time for any other amount you may authorize in writing, by telephone or otherwise without further notice; and
4. re-present a debit for any debit that is dishonoured, without notice.


This authority is to remain in effect until Plastiq has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. You may obtain a sample cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting www.cdnpay.ca.

Plastiq may assign this authorization with 10 days notice to you and may cancel this agreement with 25 days notice to you, or cancel it without notice if the financial institution refuses the debits for any reason.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

Client Information

Merchant: FIRCREST GOLF CLUB _____
Address: 1500 REGENTS BLVD _____
FIRCREST, WA 98466 _____

Telephone: 253-564-6756 _____
Signature:  Date: 1/29/15 _____
Printed Name: CATHY MCMINN _____
Title: CONTROLLER _____

Financial Institution Information

Bank Name: SOUND CREDIT UNION _____
Address: 1331 BROADWAY PLAZA, TACOMA, WA 98401 _____
Transit #: 325183220 _____ Account #: 1101306684 _____

PLEASE ATTACH A CHEQUE MARKED "VOID"



001879



FIRCREST GOLF CLUB

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FIRCREST GOLF CLUB

GL 11-C-766

ORIGINAL CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER AND HAS MICRO PRINTING IN THE SIGNATURE LINE



FIRCREST GOLF CLUB
1500 REGENTS BLVD.
FIRCREST, WA 98466
PRO SHOP 564-5792 • CLUB HOUSE 564-6756

SOUND CREDIT UNION
WASHINGTON
34/8322-3251

001879

PAY

TO THE
ORDER OF

VOID

BY XXXXXXXXXX
BY XXXXXXXXXX AUTHORIZED SIGNATURE

WARNING - THIS DOCUMENT HAS A SECURITY COLOR BACKGROUND ON FACE

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