



## BUSINESS PRE-AUTHORIZED DEPOSIT/DEBIT AGREEMENT

You authorize Plastiq 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 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 dishonored, 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.

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.

### Client Information

Business Name: NORTH RIDGE COUNTRY CLUB  
Business Website: NORTHRIDGEGOLF.COM  
Address: 7600 MADISON AVE  
FAIR OAKS CA 95628  
  
Telephone: (916) 967 5717  
Signature: AM Date: 7-1-15  
Printed Name: RINK SANFORD  
Title & Email Address: GENERAL MANAGER

### Financial Institution Information

Bank Name: FIVE STAR BANK  
Address: 2400 DEL PASO RD STE100, SACRAMENTO, CA 95834  
Transit #: 121143037 Account #: 002206431

PLEASE ATTACH A CHECK MARKED "VOID"



## Additional Information Required

1. Frequency/dates of billing: *When ever member log on*
2. Payment dates: *Various*
3. How do you notify your members when a payment is due (i.e. email bill, email with call to action to login to a portal, snail mail bill, members just visit the website, etc.):
4. What is your current annual volume (\$): *Same as it has been*
5. What is your average transaction size? *Same as it has been*
6. How many members do you have? *550*

