



FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Miguel D	Gayle Radford
COMPANY:	DATE:
	JULY 23, 2015
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
415-800-8311	4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

PLASTIQ

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 Hills Club, Inc.
Business Website: www.northhillclub.com
Address: 4824 Yarkin Dr
Raleigh NC 27609

Telephone: 919/787-3655
Signature: [Signature] Date: 7/23/15
Printed Name: Gayle Radford
Title & Email Address: Controller gradford@northhillclub.com

Financial Institution Information

Bank Name: PNC Bank
Address: 4300 Glenwood Ave Raleigh NC 27612
Transit #: 0540030 Account #: 5321026247

PLEASE ATTACH A CHECK MARKED "VOID"

1475 Folsom Street #400
San Francisco, CA 94103
www.plastiq.com

PLASTIQ

North Hills Club
Raleigh NC**Additional Information Required**

1. Frequency/dates of billing: *Daily*
2. Payment dates: *Daily*
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 (\$): *300,000*
5. What is your average transaction size? *300*
6. How many members do you have? *825*



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HP LaserJet 400 colorMFP M475dw

Fax Error Report

Plastiq
8572847215
Jul-24-2015 12:07PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
651	7/24/2015	12:06:39PM	Receive	9197818859	1:07	4	Comm Error 283

Jul.24.2015 01:31 PM North Hills Club 9197818859 PAGE. 1/



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