

**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: Plastiq County Club  
 Business Website: www.plastiqcc.com  
 Address: 145 Stoughton Rd  
Plastiq County, NY 11030

Telephone: 516-627-1200 ext 104  
 Signature: [Signature]  
 Date: 8/12/2015

Printed Name: Merge Leughran  
 Title & Email Address: merge.leughran@plastiqcc.com

**Financial Institution Information**

Bank Name: Bank of America  
 Address: 340 Plandome Rd Manhasset, NY  
 Transit #: 021000322  
 Account #: 2007602414

**PLEASE ATTACH A CHECK MARKED "VOID"**



**Additional Information Required**

1. Frequency/dates of billing:
2. Payment dates:

✓ for  
✓ for

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.) *signs and*

*put where*

*account number.*

4. What is your current annual volume (\$):
5. What is your average transaction size?
6. How many members do you have?

(4) It is different every month

(5) It can be 500 to thousands

(6) In one month it can be five number and in the beginning of the year it can be 20125. ?

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