



## 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: Florida Club Managers Association  
Address: P.O. Box 3335  
West Palm Beach, FL 33408

Vendor  
Pay  
Button

Telephone: 561 373-0919  
Signature: [Signature] Date: 5/6/15  
Printed Name: Beth Maister  
Title: Managing Director

### Financial Institution Information

Bank Name: Bank of America  
Address: Palm Bch Gardens, FL  
Transit #: 540600106 Account #: 001411668590

PLEASE ATTACH A CHECK MARKED "VOID"

Additional Information Required



1. Frequency/dates of billing: *Mar 1 - Aug 15, 2015*
2. Payment dates: *On going*
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.): *Email, website*
4. What is your current annual volume (\$): *10,000*
5. What is your average transaction size? *499 to 750*
6. How many members do you have? *85 to 100*

