

## 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: The Country Club of St. Albans, Inc.  
 Business Website: www.ccstalbens.com  
 Address: 3165 St. Albans Road  
P.O. Box 5  
St. Albans MO 63073  
 Telephone: 636-458-3060  
 Signature: [Signature] Date: 8/18/15  
 Printed Name: David L. Derfel  
 Title & Email Address: General Manager ; dderfel@ccstalbens.com

### Financial Institution Information

Bank Name: Montgomery Bank  
 Address: 1229 S. Laclede Station Rd, Webster Groves, MO 63119  
 Transit #: 081517761 Account #: 10541519

PLEASE ATTACH A CHECK MARKED "VOID"



## Additional Information Required

1. Frequency/dates of billing: *Monthly on last day of month (statements normally sent on 2nd or 3rd of each mo)*
2. Payment dates: *Various - statements due 30 days*
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 or snail mail bill*
4. What is your current annual volume (\$): *\$6,000,000*
5. What is your average transaction size? *\$1,200*
6. How many members do you have? *460*



VENDOR NUMBER	VENDOR NAME				CHECK DATE	CHECK NUMBER
INVOICE NUMBER	INVOICE DATE	REFERENCE	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID	
VOID						



**THE COUNTRY CLUB OF ST. ALBANS**  
 101 ST. ALBANS ROAD  
 POST OFFICE BOX 5  
 ST. ALBANS, MISSOURI 63073  
 636-458-3060 / FAX 636-458-1438

Montgomery Bank

80-1776  
815

CHECK DATE	CHECK NO.
VOID	VOID

PAY EXACTLY
VOID

VOID

VOID

TWO CHECKS CANNOT BE CASHED FOR OVER \$1000.00

AY

O  
HE  
ORDER  
IF

VOID VOID

⑈091474⑈ ⑆081517761⑆ ⑆10541519⑈

**Country Club of St. Albans, Inc.**

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INVOICE NUMBER	INVOICE DATE	REFERENCE	INVOICE AMOUNT	DISCOUNT	AMOUNT PAID	
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