

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:

- 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,
- 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

	KNOLLWOOD	CLUB			
Business Name:	(1) 1 / 10 1 · · · · · ·	D 06.18 B	0(-		
Business Website	WW. KNOLLWOO				
Address:	1890 KNOUL			_	
Obereal court March (March 1994)	LAKE FORES	3T, IL	60045		
Spiritua - Cari -					
	7-234-1600	-			
Signature: X	De 1-45 D	ate:	and downers arranged arranged primarile primarile primarile primarile primarile primarile designation designation		
Printed Name: LAN	JDAY DHARPE	e_			4 0 (
Title & Email Address:	GENERAL MG	R., RHA	RPERQ KA	Sociocoodca	UB.OK6
Financial Institution I	nformation	.0			
Bank Name:	AICE FOREST	BANK			
Address:	22 N. BANK	LANE,	LAKE FOR	EST, IZ	60045
Transit #: 07197	1 - 3 - 1	ccount #:	64971		

PLEASE ATTACH A CHECK MARKED "VOID"





Additional Information Required

1. Frequency/dates of billing: Month LY

- 2. Payment dates:
- 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.): Shail mail > Email
- 4. What is your current annual volume (\$): $$6\,\mathrm{M}$$
- 5. What is your average transaction size? \$2,000
- 6. How many members do you have? 394