



AUTOMATIC PAYMENT AUTHORIZATION AGREEMENT

I hereby authorize PAY Plantation, Inc., to initiate debits payment amount to the financial institution and account indicated below. This authorization will remain in effect until canceled by me or the financial institution identified with the account. I understand that:

- If PAY Plantation receives this completed form by the 10th of a month, automatic payments will begin the following month.
- If PAY Plantation does not receive this form by the 10th of the month and I have not paid by personal check, I will have a double deduction taken from my account the following month.
- Payments will be deducted from my account on the 15th business day of each month.
- If funds are not in my account for the service plan and due payments, my PAY Plantation platform merchant membership will be in jeopardy of termination.
- This authorization will be automatically revoked upon termination of my merchant membership.

Merchant/ Member name	
Name: First MI Last	Social Security Number/ EIN/ ITIN
Automatic Payment Request Type	
New Request	Cancel Automatic Payment
Change Automatic Payment	
Automatic Payment Information	
<i>I hereby authorize Pay Plantation, Inc., to initiate recurring debit entries to transfer funds from my bank account listed below.</i>	
Financial Institution/ Bank name:	Bank Routing Number:
Bank Account Number:	Bank Account Type: Checking Saving
Financial Institution Street Address:	City: _____ State: _____ Zip Code: _____ Country: _____
Bank account holder name:	Bank account holder telephone number:
Bank account holder street address:	City: _____ State: _____ Zip Code: _____ Country: _____



TERMINATION DUE TO BANKRUPTCY: If I file for protection under 11 United States Code Title 11, PAY Plantation may immediately terminate this agreement upon receipt of notification. If a payment is scheduled within ten (10) business days and PAY Plantation cannot reasonably stop the transaction, PAY Plantation will allow the transaction to be processed and terminate this agreement once the funds have been returned to my account with the financial institution listed above.

REVOCACTION: This authorization remains in full force and effect until (i) revoked by me by written notice mailed to PAY Plantation, Inc., P.O. Box 741564, Dallas, Texas 75374, (ii) until my entire balance is paid in full and my account has been closed, or (iii) revoked by PAY Plantation, Inc., in writing. I understand that PAY Plantation will require at least 10 business days to process my request to cancel this authorization.

LAW GOVERNING AGREEMENT: Texas state law will apply to this authorization and all transactions made under it. By signing below, I understand and agree to the terms of this agreement.

Signature

I hereby authorize PAY Plantation, Inc., to initiate recurring debit entries to transfer funds from my bank account listed above. This authorization will remain in effect until PAY Plantation has received notification of its termination or the amount has been paid in full. We must receive notice of termination in writing at least 10 business days prior to the next payment due date. You may mail the notification of termination to
PAY Plantation, Inc. PO Box 741564 Dallas, Texas 75374 USA.

Authorized Signature (as shown on financial institution records)

Date

Attach your voided check or savings deposit slip from the above-named financial institution in this space.
Alternatively, you may attach a copy of your statement showing your name and account number.