

ACH Authorization

Authentisign ID: 9BB6C424-3384-4806-BD09-813FF85DE6FE

<u>Participant (1) Name</u>	<u>Address</u>	<u>Length</u>	<u>DOB</u>	<u>SSN</u>	
David Sailem	5928 Firestone Rd, #227 Jax Fl 32244	5/yrs	10/23/1970	259-17-7205	
<u>Participant (2) Name</u>	<u>Address</u>	<u>DOB</u>	<u>SSN</u>		
Vanetta Harris	SAME	2/3/1966	261-69-8134		
<u>Financial Institution Name</u>	<u>Account Number</u>	<u>Routing Number</u>	<u>Target GFC</u>	<u>EGFC</u>	<u>First ACH Draft Date</u>
VyStar Credit Union	7501468723	263079276	\$10,000	\$500	4/20/2017

I/we, the undersigned, authorize the Enrollment Good Faith Commitment (EGFC) payment of \$500 to be debited from my/our financial institution. I/we, the undersigned, authorize any future Secondary Good Faith Commitment (SGFC) payments to be withdrawn from my/our financial institution. I/we understand that I/we shall follow a budget that will result in a SGFC payments toward the a ("Target GFC Balance") not to exceed \$10,000.

I/we understand that GFC PAYMENTS debited from my/our account are NOT refundable (as stated in the Program Agreement). I/we understand the Advising team is willing to provide ongoing consultations to me based on my Good Faith Commitment to fund the ("Target GFC Balance"). I/we understand that program payments are NOT escrowed (saved in an account). I/we understand that the GFC program supports the operation of the Foundation and that my/our funds are being secured through Agreements (contracts). I/we understand that once a payment has been paid (debited from my/our account), those funds are not available to me/us as they are deposited into a Foundation governed banking account for the sole purpose of supporting the program and/or the operation of the Foundation.

David L Sailem

Authentisign
David L Sailem

04/23/2017

Participant Name

Participant Signature

Date

Vanetta L Harris

Authentisign
Vanetta L Harris

04/21/2017

Participant Name

Participant Signature

Date