

ACH Authorization

<u>Participant (1) Name</u>	<u>Address</u>	<u>Length</u>	<u>DOB</u>	<u>SSN</u>	
<u>Participant (2) Name</u>	<u>Address</u>		<u>DOB</u>	<u>SSN</u>	
<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>
Bank of America	123456789abcde	12345678910	\$10,000	\$500	Insert date here

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 I/we, the undersigned, authorize any future Secondary Good Faith Commitment (SGFC) payments to be withdrawn from my/our financial institution.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.

 Participant Name Participant Signature Date Participant Name Participant Signature Date

Any information shared by you to us is strictly confidential and is collected for the sole purpose of determining how our program would best be suited for your present financial needs and future goals.