

ACH Authorization

Authentisign ID: 24AA9444-B2B0-43C1-B9C0-695DBE4C660A

<u>Participant (1) Name</u>	<u>Address</u>	<u>Length</u>	<u>DOB</u>	<u>SSN</u>	
Elizabeth Jane Torres (liz)	1584 Slash Pine Court OP Fl 32073	4yrs	11/4/87	148-92-7297	
<u>Participant (1) Name</u>	<u>Address</u>	<u>Length</u>	<u>DOB</u>	<u>SSN</u>	
Matthew David Hernandez (matt)	SAME	Same	11/14/88	593-11-5429	
<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	898054005522	063100277	\$10,000	\$500	3/4/17

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 I/we, the undersigned, authorize any future Secondary Good Faith Commitment (SGFC) payments to be withdrawn from my/our financial institution.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

Elizabeth J Torres

 
Participant Signature

03/01/2017

Date

Matthew D Hernandez

 
Participant Signature

03/01/2017

Date