

PAY CARD CONSENT FORM

Please complete the following Consent Form to sign up for your Pay Card:

Company Name: _____

Print Name: _____
First Middle Last

Home Address: _____
Street City County State Zip

Shipping Address same as Physical Address (If not, complete the following line)

Shipping Address: _____
Street City County State Zip

Date of Birth: _____

Home Phone #: _____

The following fees will be deducted from your Pay Card balance for each transaction after your first transaction each payday:

Fee Type	Amount	Fee Type	Amount
*Card Replacement Fee	*\$2.00	POS Purchase International Fee (PIN use)	\$1.50
Manual Direct Deposit Fee	\$.50	POS Purchase U.S. Fee (Signature Use)	\$.10
Automatic Direct Deposit Fee	\$.50	POS Purchase International Fee (Signature Use)	\$.10
Cash Disbursement U.S. Fee (at participating banks)	\$5.00	POS Balance Inquiry Fee(Signature Use)	\$.10
Cash Disbursement International Fee (at participating banks)	\$10.00	POS Refund U.S. Fee	\$.10
ATM Balance Inquiry U.S. Fee	\$1.50	POS Refund International Fee	\$.10
ATM Withdrawal U.S. Fee	\$1.75	Transaction Decline Fee	\$1.50
ATM Balance Inquiry International Fee	\$4.25	Comchek Draft Fee (Not applicable for all Card types)	\$1.50
ATM Withdrawal International Fee	\$4.25	Invalid Claim Fee	\$50.00
POS Purchase U.S. Fee (PIN use)	\$.50	POS Balance Inquiry Fee (PIN USE)	\$1.50

*Card replacement fee of \$2.00 is based on 2 Day FedEx delivery; priority overnight FedEx delivery is based on market rates at the requested time and are paid by the Cardholder.

Comdata will notify you of any changes in these Fees.

ATM owners outside of the surcharge free ATM network and other places where you use your Pay Card may charge fees (even for a balance inquiry without completing a funds transfer) that will be deducted from your Pay Card balance.

If you use your Pay Card outside the United States, or if you obtain funds (or make a purchase) in a currency other than US Dollars (the currency in which your Pay Card is issued), then the amount deducted from your funds will be converted into US Dollars by the card network. The card network will charge a cross-border fee of .08% and currency conversion fee of .02% (for a total fee of 1% of the transaction amount) to be included in the transaction amount. This card network cross border and currency conversion charge is independent of and in addition to any international fee indicated in the Fees above.

You will not earn interest on your funds.

BY SIGNING BELOW, I CONSENT TO RECEIVE MY WAGES BY ELECTRONIC TRANSFER TO MY PAY CARD. I ACKNOWLEDGE THAT MY EMPLOYER HAS PROVIDED ME A COPY OF THE CARDHOLDER AGREEMENT, AND I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE TERMS IN THE CARDHOLDER AGREEMENT. I ALSO UNDERSTAND AND AGREE TO THE FEES THAT I WILL INCUR USING THE PAY CARD.

Print Name: _____

Sign Name: _____

Date: _____

For Office Use: _____ (Initials)
Your Card Number is: _____/_____/_____/_____/_____/_____/_____/_____/_____/_____
Employee Number: _____/_____/_____/_____/_____/_____/_____/_____/_____/_____
Ee Cardholder Number: _____/_____/_____/_____/_____/_____/_____/_____/_____/_____