

DEBIT CARD SETTLEMENT (Secure) ACCOUNT APPLICATION

EMPLOYER INFORMATION

Company Name: _____		Tax Id Number: _____	
Street Address: _____	City: _____	State: _____	Zip: _____
P.O. Box: _____	City: _____	State: _____	Zip: _____
Telephone Number: _____	Fax Number: _____	Email: _____	_____
Preferred Mailing Address: <input type="checkbox"/> Street Address <input type="checkbox"/> P.O. Box			
Primary Contact: _____		Email Address: _____	

SETTLEMENT ACCOUNT INFORMATION

Initial Deposit Method: _____ TPA Secured Funding	NOTE: <i>Suggested Initial Funding Method is Company Check but a wire transfer or EFT from the account indicated below is acceptable. If Check, enclose with this form, payable to DCSI.</i>
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REPLENISHMENT INFORMATION

Replenishment Method: _____ EFT (only)	NOTE: <i>See Article VI of the Agreement for associated fees for Check & Wire replenishments.</i>
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FOR EFT REPLENISHMENTS, COMPLETE THE FOLLOWING INFORMATION:

Bank Name: _____	Bank Phone Number: _____	<input type="checkbox"/> Mark this box if the "Other Bank" option is selected in CMS.
Routing Number: _____	Account Number: _____	
Account Owner: _____ PSP _____ Employer	NOTE: <i>See Article II of the Agreement for an explanation of the Settlement Account Replenishment process.</i>	

PLAN SERVICE PROVIDER INFORMATION

PSP Name: _____	Serial Number: _____
Phone Number: _____	Fax Number: _____
Primary Contact: _____	Email Address: _____

PLEASE NOTE:

By signing below, you authorize DataPath Card Services, Inc. to create a general asset account ("Settlement Account") at Benefit Bank for the purpose of facilitating transactions made by your employees with mySourceCard® MasterCard® Debit Cards. This account will be created, funded and replenished as indicated on this Application, and according to the terms of the Settlement Account Agreement. Furthermore, by signing below you acknowledge your receipt and acceptance of the Settlement Account Agreement and the terms and conditions contained therein.

Signature: _____ **Effective Date:** _____
Signature of a company officer only

For Official Use Only

DCSI Rep Initials: _____	Receive Date: _____	Process Date: _____
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