

Debit Card Settlement Application

(DataPath Card Services Company ID 320-0097764)



EMPLOYER INFORMATION

Company Name _____ Tax ID No. _____

Street Address _____

City _____ State _____ Zip _____

PO Box (if Any) _____ PO Box Zip (If Different) _____

Preferred Mailing Address Street Address PO Box

Telephone No. _____ Fax No. _____

Primary Contact _____ Email _____

SETTLEMENT ACCOUNT INFORMATION

Initial Deposit Method Check EFT Wire

Initial Deposit Amount \$ _____

NOTE: Suggested Initial Funding Method is Company Check, but a wire transfer or EFT from the account indicated below is acceptable. If Check, make payable to DCSI and enclose with this form.

REPLENISHMENT INFORMATION

Replenishment Method Check EFT Wire

NOTE: See Article VI of the Agreement for associated fees for Check & Wire replenishments.

FOR EFT REPLENISHMENTS, COMPLETE THE FOLLOWING

Mark this Box if the "Other Bank" option is selected in CMS

Bank Name _____ Bank Telephone No. _____

Routing No. _____ Account No. _____

Replenishment Contact #1 Name _____ Email _____

Replenishment Contact #2 Name _____ Email _____

Account Owner PSP Employer *NOTE: See Article II of the Agreement for an explanation of the Settlement Acct. Replenishment process.*

PLAN SERVICE PROVIDER INFORMATION

PSP Name _____ Serial No. _____

Telephone Number _____ Fax No. _____

Primary Contact _____ Email _____

IMPORTANT: By signing below, you authorize DataPath Card Services, Inc. to create a general asset account ("Settlement Account") at Armstrong 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

Printed Name _____ Title _____

OFFICIAL USE ONLY

DCSI Rep Initials	Receive Date	Process Date
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