



mySourceCard® MasterCard® Debit Card Enrollment Agreement

Date: _____

Fax- # of Pages: _____

As a participant in one or more of your Employer Plans, you will receive a mySourceCard® MasterCard® Debit Card issued by Benefit Bank, and agree to use it according to this Agreement and the Cardholder Agreement that will be provided to you with the Card.

You understand that the Card is restricted to certain merchant categories and is not accepted at all MasterCard® acceptance locations. You understand that you may not obtain a cash advance with the Card at any merchant, bank or ATM. You understand that the Card is to be used exclusively for Qualified Expenses as defined by the plan(s) in which you participate. If the Card is issued pursuant to Employer Plans and you use the Card for an expense that is not a Qualified Expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.

You agree to save all invoices and receipts related to any expense paid with the Card; upon request you must submit these documents for review by the Plan Service Provider. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to your employer. Payment may be in the form of an offsetting claim, a personal check, electronic draft from your personal checking or savings account, a post-tax deduction from your paycheck, or other options established by your employer.

For proper Cardholder Identification, please complete the following information. All fields are required. Your Card will not be issued until this form is received by your Plan Service Provider.

Personal Information

Name on Card (please print - 21 character maximum including spaces): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ SSN: _____ Date of Birth: _____

Email Address: _____ Mother's Maiden Name (for security only): _____

Name on 2nd Card (please print - 21 character maximum including spaces): _____

Name on 3rd Card (please print - 21 character maximum including spaces): _____

Acknowledgement and Signature

Employee Signature: _____ Date: _____

For Official Use Only

Plan Service Provider Initials: _____ Receive Date: _____ Process Date: _____