

# DEBIT CARD SETTLEMENT 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:  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, enclose with this form, payable to DCSI.

## 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 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:	<b>NOTE:</b> See Article II of the Agreement for an explanation of the Settlement Account Replenishment process.	
<input type="checkbox"/> PSP <input type="checkbox"/> Employer		

## PLAN SERVICE PROVIDER INFORMATION

PSP Name: Diversified Administration, Inc.	Serial Number: 92782013
Phone Number: 954-983-9970	Fax Number: 954-983-9695
Primary Contact: Susan Luskin	Email Address: Susan@div125.com

## 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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