

Worker Instructions:

1. Complete the "WORKER - Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form for your records. Return the original to your employer.

Employer Instructions:

1. Complete the "EMPLOYER - Required Information" section.
2. Return this form to your Paychex specialist.*
*See below for acceptable bank documentation. **Deposit slips are not accepted.**

WORKER – Required Information
PLEASE PRINT
Worker Name _____
Last four digits of Social Security Number _____

EMPLOYER – Required Information
PLEASE PRINT
Client Name _____
Office/Client Number _____

Complete for Direct Deposit and Sign Below

I authorize my employer to deposit my wages/salary to the following bank account(s):

<p><u>Bank Account #1</u></p> <p><input type="checkbox"/> Checking Bank Name _____</p> <p><input type="checkbox"/> Savings Bank Name _____</p> <p><input type="checkbox"/> Chase Pay Card Plus <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i></p> <p>I wish to deposit (check one):</p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p> <p>Please attach one of the following for Checking or Savings accounts (check one):</p> <p><input type="checkbox"/> Voided check (deposit slips are not accepted)</p> <p><input type="checkbox"/> Bank letter or specification sheet* <i>*See your local bank representative</i></p>	<p><u>Bank Account #2</u></p> <p><input type="checkbox"/> Checking Bank Name _____</p> <p><input type="checkbox"/> Savings Bank Name _____</p> <p><input type="checkbox"/> Chase Pay Card Plus <i>Please complete the attached application if you would like to sign up for Chase Pay Card Plus.</i></p> <p>I wish to deposit (check one):</p> <p><input type="checkbox"/> Remainder of Net Pay</p> <p><input type="checkbox"/> _____ % of Net</p> <p><input type="checkbox"/> Specific Dollar Amount \$ _____ .00</p> <p>Please attach one of the following for Checking or Savings accounts (check one):</p> <p><input type="checkbox"/> Voided check (deposit slips are not accepted)</p> <p><input type="checkbox"/> Bank letter or specification sheet* <i>*See your local bank representative</i></p>
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I hereby authorize Paychex Business Solutions to deposit my wages/salary into the accounts listed above. Any changes must be in writing. I understand that it may take up to 30 days before my deposit request is initiated. I am aware that my final paycheck will be issued as a live check and not as a direct deposit.

Worker Signature _____ **Date** ____/____/____

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Accountholder Signature _____
(If worker doesn't have authority to authorize deposits to the accountholder's account.)

CHOOSE A BETTER WAY TO GET PAID



Instead of waiting in line to cash your paycheck, have your pay automatically deposited to the Chase Pay Card *Plus* account.

*It's safe, fast and easy...
plus it saves you money!*

- Get cash 24x7 at ATMs worldwide
- Make purchases anywhere Visa® debit cards are accepted
- Shop online, by phone or mail order
- Eliminate the hassle and costs of cashing a check
- No lost or stolen checks
- No credit check required
- Receive payroll deposits from multiple employers

Get your money anywhere, anytime

With the Chase Pay Card *Plus* program, your pay is electronically deposited to your Chase Pay Card account each pay period where your funds are FDIC-insured. You then have immediate and convenient access to your money at more than 900,000 automated teller machines (ATMs). You can enjoy surcharge-free access at over 40,000 Chase and Allpoint® (if your card carries the Allpoint logo) ATMs in the U.S. and at millions of retail locations worldwide that accept Visa debit cards.

Your purchases are protected

For the first 90 days from the purchase date, Visa's Purchase Security¹ will replace, repair or reimburse you for eligible items of personal property purchased entirely with your Chase Pay Card to a maximum of \$500 per claim and \$50,000 per cardholder. Additionally, Visa's Zero Liability Policy² protects you from unauthorized purchases. If your card is ever lost or stolen, you are automatically protected without losing funds in your account.

1. This protection is valid in cases of theft, damage due to fire, vandalism, accidentally discharged water or certain weather conditions. Certain restrictions may apply.
2. U.S.-issued cards only. The Visa Zero Liability Policy does not apply to commercial card or ATM transactions, or to PIN transactions not processed by Visa or Interlink. See your cardholder agreement for more details.

Enroll in the Chase Pay Card *Plus* program today!

There is no cost to enroll in the Chase Pay Card *Plus* program. Simply complete this enrollment form today and return it to your payroll department.

Fee Schedule

TRANSACTION	CARDHOLDER FEE
ATM withdrawal (U.S.) ³	\$1.50 per transaction
ATM withdrawal (outside U.S.)	\$3.00 per withdrawal
Point-of-Sale transactions: PIN and Signature-based	FREE
Over-the-counter cash withdrawals	4 free per month, then \$5.00 thereafter
ATM balance inquiry (U.S.)	\$1.00 per inquiry
ATM balance inquiry (outside U.S.)	\$3.00 per transaction
ADDITIONAL SERVICES	
Monthly paper statement (optional)	\$1.00
Monthly statements via Internet	FREE
Replace lost/stolen card	\$15.00 per card
Expedited card delivery	\$10.00 per card
Declined transactions (U.S.) ⁴	\$1.00 per transaction
Declined transactions (outside U.S.) ⁴	\$3.00 per transaction
Copy of statement	\$10.00 per request
Negative balance	\$15.00 per incident
Check to close account	\$12.00 per account
Inactivity fee (after 90 days of inactivity)	\$3.00 per month
Foreign exchange conversion rate	3.5% per international transaction

Cardholder fees apply to both the primary and secondary cardholders.

3. Whenever you use any ATM there is a "network" or "ATM withdrawal" fee. Additionally non-Chase banks may charge you a "surcharge" typically between \$1.00 and \$3.00 for using their ATM. You can avoid a surcharge by using a Chase or Allpoint ATM (if your card carries the Allpoint logo).
4. This fee will be assessed if an ATM or Point-of-Sale transaction is denied due to insufficient funds in your Chase Pay Card *Plus* account.

Chase Pay Card *Plus* Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, you will be asked for your name, address, date of birth and other information that will allow you to be identified. You may also be asked to present your driver's license or other identifying documents. Unless otherwise noted, all fields are required and must be filled in to process this application.

I. CARDHOLDER INFORMATION

FIRST NAME MI LAST NAME

PERMANENT ADDRESS (NO P.O. BOXES)

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)

CITY STATE ZIP

PRIMARY PHONE

E-MAIL ADDRESS (OPTIONAL)

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY / TAXPAYER ID NUMBER MOTHER'S MAIDEN NAME

U.S. CITIZEN NON-U.S. CITIZEN

If you are not a citizen of the United States, please provide one or more of the following forms of identification.

A. Please select a form of identification:

U.S. Alien ID Card Passport

Other Gov't Issued ID

Type: _____

B. Please fill out the corresponding information:

COUNTRY OF ISSUANCE NUMBER

EXPIRATION DATE (MM/DD/YYYY)

SECONDARY CARD (OPTIONAL)

FIRST NAME MI LAST NAME

PERMANENT ADDRESS (NO P.O. BOXES)

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)

CITY STATE ZIP

PRIMARY PHONE

E-MAIL ADDRESS (OPTIONAL)

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY / TAXPAYER ID NUMBER MOTHER'S MAIDEN NAME

U.S. CITIZEN NON-U.S. CITIZEN

If you are not a citizen of the United States, please provide one or more of the following forms of identification.

A. Please select a form of identification:

U.S. Alien ID Card Passport

Other Gov't Issued ID

Type: _____

B. Please fill out the corresponding information:

COUNTRY OF ISSUANCE NUMBER

EXPIRATION DATE (MM/DD/YYYY)

Monthly paper statement (optional) – in addition to accessing my Chase Pay Card transaction activity online or via Customer Support, please mail me a monthly Pay Card activity statement to the mailing address I have provided above. I understand there is a monthly charge for this statement option, which is disclosed on the Chase Pay Card *Plus* enrollment form.

II. CARDHOLDER AGREEMENT— Return your completed, signed and dated application to your employer.

The Authorization Agreement for the Chase Pay Card *Plus* account will authorize my employer to directly deposit my periodic salary/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions (a "Payroll Payment") into my Chase Pay Card *Plus* account (the "Account") at JPMorgan Chase Bank, N.A. ("Chase") and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my Account. I understand that I may withdraw a portion or the entire amount of a Payroll Payment deposited by my employer from time to time in cash via an Automated Teller Machine (subject to certain withdrawal limits as discussed in the Program Terms, Conditions and Disclosures), applicable Point-of-Sale (POS) terminals and wherever Visa[®] debit cards are accepted. By signing this application, I hereby authorize Chase to issue a card to me. I agree that activating my card shall constitute my agreement to: (1) The Program Terms, Conditions and Disclosures that accompany my card and (2) changes to, or replacements for, those Program Terms, Conditions or Disclosures that may be sent or made available to me from time to time. I also hereby authorize Chase to debit my Chase Pay Card *Plus* account, without notifying me, for the fees described in the fee schedule that is part of this application, or as such fees may change from time to time. Chase may change those fees at any time.

CARDHOLDER'S SIGNATURE _____ DATE _____

III. BRANCH USE ONLY

COMPANY NAME _____ CLIENT ACCOUNT NUMBER _____