



Money Network Application and Deposit Agreement

State: _____

CARD HOLDER INFORMATION

Social Security Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Address: _____

(No PO Boxes - Physical Addresses Only)

City: _____ State: _____ Zip: _____

Phone: _____ Account Number: _____

(* Account number is **NOT** the card number, please use account number ***included with packet***)

Money Network Payroll Debit Card:

The Money Network Payroll Debit Card ("Card") provides a dependable, safe, optional, and convenient way to receive and access my pay on and after each payday morning with the following features: (i) eliminates the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed; (ii) immediate, worldwide access wherever the Card is accepted for ATM cash withdrawals, bank branch withdrawals, and store purchases (including "cash back"); (iii) money transfers to a personal or joint checking account; and (iv) free balance inquiries by phone or online. There is no monthly service charge for the Card as long as I am employed by Employer. Many Card transactions are free (and I need never incur a fee to access 100% of my wages, to the penny, using the Money Network Service), but there are fees for other transactions. The Terms and Conditions, fee schedule, and other disclosures related to the Money Network Service are included in the Money Network Service's Welcome Packet. Once I have consented to those terms and contracted for the Money Network Service by activating my Money Network Service account by following the instructions in the Welcome Packet, I may begin to use the Money Network Service. Money Network™ Check: The Money Network Check ("Check") is a paycheck that I can easily complete on or after each payday morning wherever I am, eliminating the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed. The Check can be deposited into my personal bank account or cashed for free at Money Network check-cashing partners.

"In lieu of delivering payroll payments directly to the undersigned, I hereby authorize Outreach Health Services, and all Subsidiaries to initiate credit entries to the account indicated above (the "ACCOUNT") and the depository named above (the "DEPOSITORY") to credit such payments to the ACCOUNT. In the event of overpayment to the ACCOUNT, the undersigned grants Outreach Health Services and the DEPOSITORY the right to make an adjusting debit entry to the ACCOUNT, not in excess of the amount of the overpayment. Additionally, in the event that I do not pass the required banking security verification, additional identification will be required. I authorize Outreach Health Services to provide that identification from my personnel file immediately in order to avoid any delay in the availability of my debit card funds."

Employee Signature: _____ Date: _____

Employee Printed Name: _____