

# 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:  Street Address  P.O. Box

Primary Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

## SETTLEMENT ACCOUNT INFORMATION

Initial Deposit Method: \_\_\_\_\_ Check \_\_\_\_\_ EFT \_\_\_\_\_ Wire

**NOTE:** Suggested Initial Funding Method is Company Check but a wire transfer or EFT from the account indicated below is acceptable.

Initial Deposit Amount: \_\_\_\_\_

## 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: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Owner: \_\_\_\_\_ PSP \_\_\_\_\_ Employer

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

## PLAN SERVICE PROVIDER INFORMATION

PSP Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

## PLEASE NOTE

For Approval: you must provide an IRS form W-9 (for Identification Purposes Only)

By signing below, you authorize us (DataPath Card Services, Inc.) to create a general asset account (the "Settlement Account") at Benefit Bank for the purpose of facilitating transactions made by your employees with 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: \_\_\_\_\_