

CHASE PAY CARD PLUS

Client Name	
Client Number	
Employee/Worker Name	
Employee/Worker Paychex II	Number
Indicate the percentage or dolla	ar amount of Net Pay you would like deposited to the Chase Pay Card Plus:
% of Net Pay to Dep	osit
Specific Dollar Amount \$.00 of Net Pay to Deposit

Please complete this form and the enclosed Chase Pay Card Plus application and return it to Paychex as soon as possible for processing.

Refer to the fee schedule listed for the current fees for the Chase Pay Card.

ATM Cash Withdrawal			
Chase ATMs	FREE		
Non-Chase ATMs (U.S.)	5 free per month; \$1.00 each thereafter (surcharge free at Allpoint. Other ATM owners may assess surcharge)		
International ATMs	\$3.00 per withdrawal		
ATM Balance Inquiry			
Chase ATMs	FREE		
Non-Chase ATMs (U.S.)	2 free per deposit; \$0.50 each thereafter (surcharge free at Allpoint. Other ATM owners may assess surcharge)		
International ATMs	\$0.75 per inquiry		
Retail Purchase			
with signature	FREE		
with PIN (includes cash back)	FREE		
Other Fees			
Teller-assisted Withdrawal	5 free per month; \$3.00 each thereafter		
Online Bill Payment	Not Available		
Customer Service (web)	FREE		
Customer Service (phone)	FREE		
Card Replacement (standard)	1 free per year; \$5.00 each thereafter		
Card Replacement (expedited)	\$15.00 per card		
Transaction Denied for NSF	2 free per deposit; \$0.50 each thereafter		
Account Statement (web)	FREE		
Account Statement (mail)	\$0.90 per month		
International Transaction Fee	3% of transaction		
Check to Close Account	FREE		
Inactive Account	\$1.50 per month (after 365 days)		

CHOOSE A BETTER WAY TO GET PAID



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

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

- Get cash 24 x 7 at ATMs worldwide
- Make purchases anywhere Visa® debit cards are accepted
- Shop online, by phone or mail order
- Pay your bills online
- 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 funds are 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 over 900,000 automated teller machines (ATMs). You can enjoy surcharge-free access at over 51,000 Chase and Allpoint® ATMs in the U.S., and at millions of locations that accept Visa debit cards.

Your purchases are protected

For the first 90 days from the purchase date, Visa's Purchase Security¹ will repair or fully reimburse you for eligible items paid entirely with your Chase Pay Card to a maximum of \$500 per consumer product 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 the funds in your Account.

Chase Pay Cards are issued by JPMorgan Chase Bank, N.A.
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JPMorgan Chase Bank, N.A. Member FDIC.

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 application today and return it to your payroll department.

TRANSACTION	CARDHOLDER FEE
ATM withdrawal (U.S.) ³	\$1.50 per transaction
ATM withdrawal (outside U.S.) 3	\$3.00 per withdrawal
Point-of-Sale transactions: PIN and Signature-based	FREE
Over-the-counter cash withdrawals	5 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	\$25.00 includes card
Declined transactions (U.S.)4	\$1.00 per transaction
Copy of Statement	\$10 per request
Check to close account	\$12.00 per account
nactivity fee (after 90 days of inactivity)	\$3.00 per month
oreign 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 ATM or Allpoint ATM.



¹This protection is valid in cases of theft or damage due to fire, vandalism, accidentally discharged water or weather. Certain restrictions and limitations 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.

Chase Pay Card Plus Application

Unless otherwise noted, all fields are required and must be filled in to process this application. You must be a U.S. Resident to enroll in the Chase Pay Card *Plus* program.

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who applies for a card. What this means for you: when you apply for a card, you will be asked for your name, address, date of birth, and other information or documentation that will allow us to identify you.

I. CARDHOLDER INFORMATION

I. SECONDARY CARD (OPTIONAL)

LEGAL FIRST NAME	MI	LAST NAME	LEGAL FIRST NAME	MI	LAST NAME	
PERMANENT ADDRESS (NO P.O. BOXES)			PERMANENT ADDRESS (NO P.O. BOXES)			
CITY	STATE	ZIP	CITY	STATE	ZIP	
CARD MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)			PRIMARY PHONE NUMBER			
CITY	STATE	ZIP	E-MAIL ADDRESS (OPTIONAL)			
PRIMARY PHONE NUMBER			DATE OF BIRTH (MM/DD/YYYY)			
E-MAIL ADDRESS (OPTIONAL)			SOCIAL SECURITY NUMBER OR T	AXPAYER ID NUMBER	MOTHER'S MAIDEN NAME	
DATE OF BIRTH (MM/DD/YYYY)			☐ UNITED STATES CITIZEN ☐ NON-UNITED STATES CITIZEN If you are not a U.S. Citizen, please provide one or more of the following forms of identification.			
SOCIAL SECURITY NUMBER OR	TAXPAYER ID NUMBER	MOTHER'S MAIDEN NAME	Please select a form of ide	ntification:		
UNITED STATES CI' If you are not a U.S. Ci forms of identification Please select a form of id	tizen, please provide	ON-UNITED STATES CITIZEN one or more of the following	U.S. ALIEN ID CARD OTHER GOVERNMENT ISSI TYPE	PASSPORT JED ID		
THE ALIENIE CARD	□ pacepopt					
U.S. ALIEN ID CARD OTHER GOVERNMENT IS:	L PASSPORT		COUNTRY OF ISSUANCE	NUMI	BER	
	SUED ID		EXPIRATION DATE (MM/DD/YYYY)		
TYPE						
			* Contact your employer f	or an additional sec	ondary cardholder form.	
COUNTRY OF ISSUANCE	NUMB	ER				
a monthly Pay Card activit	y statement to the mai	ling address I have provided above	e. I understand there is a \$1.00	monthly charge for	a Customer Support, please mail me this statement option.	
II. CARDHOLDER AGR	REEMENT - Return	your completed, signed and o	dated application to your e	mployer.		
tax withholdings, other red N.A. ("Chase") and to initial amount of a Payroll Paym Program Terms, Condition authorize Chase to issue a my card and (2) changes	quired withholdings or ate (if necessary) debit ent deposited by my e s and Disclosures), ap a card to me. I agree the to, or replacements fo my Chase Pay Card Pa	authorized deductions (a "Payroll entries and adjustments for any mployer from time to time in cast plicable Point-of-Sale (POS) terroat activating my card shall constr, those Program Terms, Condition is account, without notifying me,	Payment") into my Chase Pay credit entries in error to my Ac n via an Automated Teller Macl ninals and wherever Visa® debitute my agreement to: (1) Thens or Disclosures that may be:	Card Plus account coount. I understand nine (subject to cert it cards are accepte a Program Terms, Cosent or made available.	y/compensation payments, net of required (the "Account") at JPMorgan Chase Bank that I may withdraw a portion or the entire ain withdrawal limits as discussed in the d. By signing this application, I hereby anditions and Disclosures that accompany ole to me from time to time. I also hereby part of this application, or as such fees may	
CARDHOLDER'S SIGNATU	RE				DATE	
II. BRANCH USE ONI	.Y					

COMPANY NAME CLIENT ACCOUNT NUMBER