NEW HAMPSHIRE PAYROLL CARD AUTHORIZATION

I consent to have my wages deposited onto a [NAME OF ISSUER] payroll card as the method of receiving my wage payments. I understand that my consent to receive wage payments on a payroll card is purely voluntary and is not a condition of hire or continued employment.

If I do not choose to receive wage payments through payroll card, I may choose to be paid by the following methods:

* Check
* Direct deposit (with my written authorization)

I am entitled to change my method of receiving wage payments at any time without penalty.

I am entitled to a free withdrawal of any amount, up to and including the full amount of my balance, once every pay period, at a financial institution or other location convenient to my place of employment.

If my [NAME OF ISSUER] payroll card has an expiration date, I am entitled to a replacement card prior to the expiration date, at no cost.

[NAME OF EMPLOYER] will not deduct any charges incurred by [NAME OF EMPLOYER] from my [NAME OF ISSUER] payroll account.

Third parties may assess fees for the use of my [NAME OF ISSUER] payroll card. [NAME OF EMPLOYER] has provided me with a full and complete description of the terms and conditions of the use of my [NAME OF ISSUER] payroll card, including an itemized list of all applicable fees.

I have read and received a copy of this form.

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Signature Date