



## PAYROLL CARD ELECTION FORM Brink's Money Program

With the Program, your wages will be deposited in your Brink's Money Account, which is maintained in a pooled custodial account at the bank that is issuing/sponsoring the Program ("Bank") and which is insured by the FDIC up to the limits permitted by law. Every employee is eligible for the Program. There is no application and no credit approval process (but we may ask you for information and/or documents that will allow us to identify you, such as your date of birth, social security number and driver's license). The Program allows you to use either or both of the following options to access your Brink's Money Account:

1. **The Skylight Check.** The Skylight Check is a self-issued paycheck that can be completed each payday. You'll receive a supply of Skylight Checks for free. The Skylight Check is completed by phone wherever you may be. The Skylight Check can be cashed for free at all branch locations of the bank that issues the Skylight Check (please refer to the front of the Skylight Check for the name of the bank that issues the Skylight check) and Skylight's check cashing partners.
2. **The Brink's Money Card.** With your Brink's Money Card, you can make purchases at stores or get cash through ATM withdrawals. You can also use your Brink's Money Card to access 100% of your wages, down to the penny, without any fee, at any MasterCard member bank (look for a bank branch with the MasterCard logo). You can check your balance for free via IVRU, online or text (your carrier's standard rates for text messages may apply). Most card transactions are free but there are transaction fees for certain transactions. All of the transaction fees are listed on the Fee Schedule in your Brink's Money Instant Issue Pack.

If you select this option, you understand that you can access all of your pay each payday for free by completing the Skylight Check. In addition, you acknowledge that you may voluntarily use the Brink's Money Card if you so choose. Further, you acknowledge that you have been provided with a copy of and an opportunity to review disclosures relating to the Program, which include, at a minimum, the Cardholder Agreement, Fee Schedule and Privacy Policy relating to the Program. By selecting this Pay Election and signing hereunder, I authorize the Employer to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account that I have provided above or to the Brink's Money Account, as applicable (each an "Account") both during employment and at termination. This authorizes the financial institution holding the Account to post all such entries. I also understand that I am opting into paperless checks by signing below. Further, I understand that I have the right to change the method of payment that I have elected on this form. If I do desire to change my method of payment, then I will notify the Employer and execute a new Pay Election Form setting forth my new election. I understand that if I desire to change the method of payment from the Program to any other method of payment, I should obtain the full balance in my Brinks Money Account and then close the Brinks Money Account prior to requesting such change. This authorization will be in effect until the Employer receives a written notice from myself to change my pay election and has a reasonable opportunity to act on it, which shall be no longer than the time permitted by applicable law, if any. Finally, I understand that if I select the Program and continue to use the Program following the termination of my employment with the Employer, certain terms, conditions and fees relating to the Program may change, pursuant to the terms of the Cardholder Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth\*

\*If under the age of 16, this form must be accompanied with a Parental Consent Form.

## PAYROLL CARD PARENTAL CONSENT

I, \_\_\_\_\_ (Name of Signatory), hereby state that I am the legal guardian of \_\_\_\_\_ (Name of Minor Employee) who is presently \_\_\_\_ years of age born on \_\_\_\_\_ (MM/DD/YY) (the "Employee") and employed by the City of Evanston (the "Employer"). I hereby consent to the Employee's employment by the Employer and the Employee's receipt of his or her wages from the Employer (or any successor employer) on the Skylight PayOptions Program (or any successor program) (the "Program") from the date on the bottom of this consent form until such time the Employee is longer employed by Employer or I revoke this consent in writing. I acknowledge that I have had an opportunity to review the Cardholder Agreement, the privacy policy, the fees and other disclosures regarding the Program with the Employee. I further acknowledge that the Employee was provided other options for the payment of his or her wages by the Employer and has selected the Program. I consent to the provision of any identification documents or information to NetSpend Corporation from the Employer (or the Employee) regarding the Employee and the use of such information by NetSpend Corporation for the purpose of establishing the account related to the Program. I further consent to the Cardholder Agreement and privacy policy relating to the Program on the behalf of the Employee.

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[The Skylight ONE Visa Prepaid Card is issued by BofI Federal Bank pursuant to a license from Visa U.S.A., Inc. BofI Federal Bank, Member FDIC. NetSpend, a TSYS® Company, is a registered agent of BofI Federal Bank. Use this card everywhere Visa debit cards are accepted. Certain products and services may be licensed under U.S. Patent Nos. 6,000,608 and 6,189,787. Use of the Card Account is subject to activation, ID verification and funds availability. Transaction fees, terms, and conditions apply to the use and reloading of the Card Account. See the Cardholder Agreement for details.]

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