MY HR PROS

Welcome

*Please fill in **ALL** areas of the enclosed employee packet.*

The government mandated forms herein are required before issuance of payroll checks and other benefits. Please take a moment to sit down and complete these forms to ensure no delay in payroll or benefits.

Please ask your employer or My HR Professionals if you need any assistance in completing these forms.

The following pages that must be filled our and signed by the Employee and returned vis email: hirepacks@myhrpros.com or fax: (844)224-0294

Required Pages (Submit All)

- New Hire Information Form
- W-4 (Signature Page Only)
- Form I-9 (Signature Pages Only)
- Policy Receipt/Acknowledgement

Non-Required Pages (Submit only if completed)

- Direct Deposit Authorization Form
- Focus Card Enrollment Form
- Credit Union Membership Request

Print Form

Clear Form

Email Form

Save Form

Employee Keeps

- My HR Professionals Employee Portal Instructions
- Standards of Conduct and Employment
- Workplace Harassment Policy
- On the Job Injury Policy
- Any Other Employee Copy Policy

Client Company:_____

Name: _____

First Name M.I. Last Name

Social Security Number: _____

My HR Professionals Office Use Only:

Received By: _____ Date Received: _____

Complete Packet Received: ☐ YES ☐ NO

Packet Consists of:

- ☐ Welcome Page
- ☐ New Hire Information Form
- ☐ W-4
- ☐ I-9
- ☐ Policy/Receipt/ Acknowledgement Form

Optional Pages:

- ☐ Direct Deposit Form
- ☐ IRS Form 8850
- ☐ Focus Card Form
- ☐ Credit Union Request

NEW HIRE INFORMATION FORM

Personal Information

TO BE FILLED OUT BY EMPLOYEE:

Full Name:_____Social Security Number:_____

Mailing Address:_____

City:_____State:_____Zip Code:_____County:_____

Phone/Cell Number:_____Email Address:_____

Date of Birth:_____Sex (M/F):_____

Race: _____ Veteran Status:_____

a)	Asian	e)	Two or More Races	a)	Non-Veteran	e)	Recently Separated Veteran
b)	Black or African American	f)	White/Caucasian	b)	Vietnam Veteran	f)	Active Duty Badge Veteran
c)	Hispanic or Latino	g)	Decline to say	c)	Disabled Veteran	g)	Other Protected Veteran
d)	Native Hawaiian or Other Pacific Islander			d)	Service Medal Veteran	h)	Decline to say

Emergency Contact: *(Please list who you want us to contact in case of emergency)*

Contact's FullName: _____

Relationship to you:_____Contact's Phone Number: _____

Employment Information

TO BE FILLED OUT BY HIRING MANAGER:

Company Name:_____Employee First Day of Employment: _____

☐ Full-Time ☐ Permanent ☐ Contract ☐ On-Call ☐ Over the Road Driver

☐ Part-Time ☐ Seasonal ☐ Temporary ☐ Remote Worker

Job Title:_____Location:_____ Department and Code:_____

Rate of Pay:_____ ☐ Hourly ☐ Salary ☐ Salary-Exempt ☐ Commission

Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Work Comp Code:_____Work Comp Classification:_____

Approved By:_____Date:_____

Signature of Approver:_____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.

CAUTION

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

AR4EC

STATE OF ARKANSAS
Employee's Withholding Exemption Certificate

Print Full Name _____ Social Security Number _____

Print Home Address _____ City _____ State _____ Zip _____

Employee:
File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.

Employer:
Keep this certificate with your records.

How to Claim Your Withholding
See instructions below

	Number of Exemptions Claimed
1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED	
a. ☐ You claim yourself. *(Enter one exemption)* 1a	
b. ☐ You claim yourself and your spouse. *(Enter two exemptions)* 1b	
c. ☐ Head of Household, and you claim yourself. *(Enter two exemptions)* 1c	
2. NUMBER OF CHILDREN or DEPENDENTS. *(Enter one exemption per dependent)* 2	
3. TOTAL EXEMPTIONS. *(Add Lines 1a, b, c, and 2)* If no exemptions or dependents are claimed, enter zero 3	
4. Additional amount, if any, you want deducted from each paycheck. *(Enter dollar amount)* 4	
5. I qualify for the low-income tax rates. *(See below for details)* ..... 5 Please check filing status: ☐ Single ☐ Married Filing Jointly ☐ Head of Household	☐ Yes ☐ No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: _____ Date: _____

Instructions

TYPES OF INCOME - This form can be used for withholding on all types of income, including pensions and annuities.

NUMBER OF EXEMPTIONS – *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

DEPENDENTS – To qualify as your dependent *(line 2 of form)*, a person must *(a)* receive more than 1/2 of their support from you for the year, *(b)* not be claimed as a dependent by such person's spouse, *(c)* be a citizen or resident of the United States, and *(d)* have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

CHANGES IN EXEMPTIONS OR DEPENDENTS – You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, **or**

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year.

OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your **total** income from all sources is:

(a) Single	$12,493	to	$14,900
(b) Married Filing Jointly (1 or less dependents)	$21,068	to	$24,800
(c) Married Filing Jointly (2 or more dependents)	$25,356	to	$30,800
(d) Head of Household/Qualifying Widow(er) (1 or less dependents)	$17,762	to	$21,600
(e) Head of Household/Qualifying Widow(er) (2 or more dependents)	$21,173	to	$24,800

For additional information consult your employer or write to:

Arkansas Withholding Tax Section
P. O. Box 8055
Little Rock, Arkansas 72203-8055

ATTENTION EMPLOYER

Go to https://myhrprofessionals.com/client-desktop/

1. Form I-9 Instructions
2. Page 3: Supplement A Supplement A, Preparer and/or Translator Certification for Section 1
3. Page 4: Supplement B, Reverification and Rehire (formerly Section 3)

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) _____
- ☐ 4. An alien authorized to work until _____ (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**8.** Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,

Reverification and Rehire (formerly Section 3)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B

OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

MY HR PROS

Direct Deposit Authorization Form

My HR Professionals will NOT set up a direct deposit until required documents are received.

Employee Full Name: _____

Last Four Digits of Social Security Number: _____ Date Requested: _____

Company working for: _____

Bank Details:

ONLY accounts issued by a financial institution are eligible for direct deposit. Prepaid cards (e.g., Green Dot) are NOT accepted.

Primary Deposit Option:

Bank Name: _____ ☐ Add Deposit ☐ Change ☐ Stop Deposit

Bank Routing Number: _____ Bank Account Number: _____

What type of account is this: ☐Checking ☐ Savings

Deposit Method:

☐ Deposit Full Amount of Remaining Balance of Net Check

☐ Deposit a Fixed Amount: $_____

☐ Deposit a Percentage of Check: _____%

Optional Secondary Deposit:

Bank Name: _____ ☐ Add Deposit ☐ Change ☐ Stop Deposit

Bank Routing Number: _____ Bank Account Number: _____

What type of account is this: ☐Checking ☐ Savings

Deposit Method:

☐ Deposit Full Amount of Remaining Balance of Net Check

☐ Deposit a Fixed Amount: $_____

☐ Deposit a Percentage of Check: _____%

Authorization:

I hereby authorize My HR Professionals to initiate deposit entries to my account and, if necessary, to initiate draft entries for any deposit entries made in error. I understand that adding or changing a percentage or amount will NOT stop all other deposits of amounts or percentages unless authorized by me on this form to do so. My HR Professionals will NOT be liable for any amounts sent to current accounts in error if employee did not inform SPMI to stop the account on this form. I understand that it will take up to one (1) pay period to set up and verify the routing for this procedure before the direct deposit begins. I also understand that it is my responsibility to verify that the funds are in my account prior to writing checks or making drafts against said funds. My HR Professionals will NOT be liable for any charges or fees related to returned items. I have attached required documents below, for use in setting up the direct deposit.

_____ _____

Signature Required Today's Date

Required

Attach Voided Check(s)

Or

Include a document from the bank with the Routing and Account Numbers

MY HR PROS

United Federal Credit Union Membership Form

ATTENTION

THIS FORM IS *OPTIONAL*

Complete the "request for information" form if you are interested in joining **United Federal Credit Union.** We will send you the membership application, authorization for payroll deduction and related credit union information upon receipt of this request.

DO NOT complete this form if you are not interested in receiving information about United Federal Credit Union.

Request for Information

UNITED FEDERAL CREDIT UNION

1924 Fayetteville Road Van Buren, AR 72956 (888) 982-1400 ext. 4390 Fax: (479) 471-9700	5800 Rogers Avenue Fort Smith, AR 72903 (888) 982-1400 ext. 4685 Fax: (479) 471-9700	8900 Jenny Lind Road Fort Smith, AR 72908 (888) 982-1400 ext. 4690 Fax: (479) 471-9700

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Kim Wilson
Senior Relationship Development Manager
NMLS 1179136
(888) 982-1400 Ext. 6880
kwilson@unitedfcu.com

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we get U

Your Pay

FASTER. SAFER. EASIER.

With the U.S. Bank Focus Card™ Your Funds Are:

Immediately loaded to your card on payday | **Available to use** right away | **Protected** if lost or stolen[1]

About the Focus Card

It is a Visa® prepaid debit card that is a convenient alternative to receiving paper checks. Your payments will automatically be direct deposited to your card each payday. You have access to your funds right away and you can use it to make purchases or get cash wherever Visa debit cards are accepted. It's that simple!

MAKE PURCHASES | **RELOAD** | GET CASH
PAY BILLS | TRACK SPENDING

Getting Started is Easy

1. Sign up today.
2. Your pay will be automatically deposited to your card. Go online to check your balance.
3. Use your card anywhere Visa debit cards are accepted!

Sign Up!

$0.00 No cost to sign up.

No credit check or bank account required.[2]

And Save!

Keep more of your money. No fees to cash a paycheck.

No waiting for your paycheck or extra trips to the bank.

This card is offered through My HR Professionals as a safe alternative to paper checks. We can offer same day deposits as your check date for the Focus Card. We cannot guarantee this on other cards.

[1] The Visa Zero Liability Policy protects you against unauthorized purchases. U.S.-issued cards only. This does not apply to ATM transactions or to PIN transactions not processed by Visa. You must immediately report any unauthorized use.

[2] Successful identity verification required. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. If necessary, we may also ask to see your driver's license or other identifying documents.

focus

focus

Getting Started

For security, your card comes in a plain white windowed envelope.

Follow the activation instructions that accompany your card.

Make Purchases

Everywhere Visa debit cards are accepted – in stores, over the phone, online or pay bills.

Load and Reload

Your card stays with you. Add other employers, government benefits, tax refunds or any other payment that offers direct deposit.

Get Cash[3]

ATM | Teller | Cash Back

Features

Cash Back Rewards

For purchases at certain retail and restaurant locations.

Savings Account

Create an interest-bearing savings account without ever going to a bank.

Cash Reload Networks[5]

In addition to payroll deposits, there are a variety of ways to add cash to your Focus Card account.

Text and Email Alerts[4]

Instant notification when money is added or your card balance gets low.

Mobile Banking App[4]

Quickly see your account balance and transaction history.

Track Spending

Online | Phone | Email | Text[4] | Mobile App

Use your Focus Card Free and Clear

Purchases	Free & Unlimited
Teller Cash Withdrawal	Free & Unlimited
In-Network ATMs	Free & Unlimited
Customer Service	Free & Unlimited
Monthly Account Maintenance	Free & Unlimited

Some fees may apply. A complete fee schedule will be included in your card packet.

[3] Fees may apply to ATM transactions.

[4] U.S. Bank does not charge a fee for mobile banking. Standard messaging and data rates may apply.

[5] Businesses performing your reload may charge a fee. Cash reload services are provided by unaffiliated third parties. U.S. Bank is not responsible for the product service or performance of the third party including the privacy policy, level of security and terms of use, which are different from ours.

Life just got easy.

Use the U.S. Bank Focus Card to add third party funds.

Are you maximizing the benefits of your Focus Card?

Your Focus Card works like a direct deposit account and can be used to add tax refunds, pay from a second employer, and even cash deposits.[1] With just a few steps, your Focus Card can be used beyond your current employer.

Complete verification online to make sure your card is ready to receive funds beyond your pay.

1. Go online

Log into the cardholder website and on the top navigation select 'Welcome' and click 'Profile Management'.

2. Update information

Update your country of citizenship, country of permanent residence, and, if necessary, your social security number. You may also update your telephone number[2] and email address.

3. Complete

When it is complete, you'll see the message, "Your identity verification is complete. Enjoy the full benefits of your card."

Visit prepaidmaterials.com/usbankfocus

to learn more about the features and benefits of the U.S. Bank Focus Card.

You can also call the number on the back of your card and request your card become 'portable.' Cardholder Services will start the process for you.

1 Successful identity verification required for loads from other sources. Log into the Focus cardholder website for details.
2 By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications – including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system – from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur fees from your cellular provider.

usbank

Focus Card™

ENROLLMENT FORM

Issued Card #:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone Number:

Social Security Number:

Date of Birth:

Email Address:

Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I hereby authorize my employer to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Focus Card. This authorization will remain in effect until cancelled by me with written notification to my employer.

Signature:

Date:

This card is offered though My HR Professionals as a safe alternative to paper checks. We can offer same day reports as your check date for the Focus Card. We cannot guarantee this on other cards.

MY HR PROS

U.S. Bank Focus Card Pre-Acquisition Disclosure
Program Number: 87265214 POD

You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card. Ask your employer for available options and select your option.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
$0	**$0**	**$0** in-network **$2.25** out-of-network	**$5.95***

ATM Balance Inquiry (in-network or out-of-network)	$0
Customer Service (automated or live agent)	$0 per call
Inactivity (after 365 days with no transactions)	$2.00* per month

We charge 4 other types of fees. One of them is:

Transfer Fee (Instant or External)	2%

* This fee can be lower or charged differently depending on how and where this card is used and your state of employment or residence.

See the accompanying Fee Schedule for free ways to access your funds and balance information.

No overdraft/credit feature.
Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit c*fpb.gov/prepaid.* Find details and conditions for all fees and services inside the card package or call **1-877-474-0010** or visit **usbankfocus.com**.

CR-61515703

THE U.S. BANK FOCUS CARD CARDHOLDER AGREEMENT

Last Updated: 07/01/2025

Contact Us	
Cardholder Services:	**877-474-0010 or the number on the back of your card available 24/7** **Focus Cardholder Services** **P.O. Box 551617, Jacksonville, FL 32255**
Cardholder Website	**www.usbankfocus.com**

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION (INCLUDING A CLASS ACTION ARBITRATION WAIVER). IT IS IMPORTANT THAT YOU READ THE ARBITRATION SECTION CAREFULLY.

INTRODUCTION

When you activate or use a U.S. Bank Focus Card ("Card"), you agree to be bound by the terms and conditions in this U.S. Bank Focus Card Cardholder Agreement including the Fee Schedule and Transaction Limitations ("Fee Schedule") you received with your Card and which is incorporated into this document by reference (collectively the "Agreement"). Please read this Agreement carefully and keep it for future reference. Features and services associated with your Card may change from time to time, and this Agreement may be amended from time to time. Some terms used in this Agreement have specific definitions. Meanings for capitalized terms are found a throughout the Agreement and in the Key Terms Section.

1. What is a Focus Card?

Your Card is a reloadable Visa® prepaid debit card issued by us that allows you to access funds from your Sponsor or other Funders. Your Card may be a physical card or digital credentials. Your Card is not a credit card and is not connected in any way to any other account you may have with U.S. Bank. You will not receive any interest on the funds on your Card except in connection with a Savings Balance. Your Card is intended to be used for personal, family or household purposes in connection with receiving funds from your Sponsor. Funds on the Card are owned by the Primary Cardholder. Use of your Card is subject to the terms of this Agreement, all network rules, and applicable law. Using your Card for business, non-personal, fraudulent or illegal purposes, or in a way that violates network rules is prohibited and may result in closure of your Card.

2. Are my funds FDIC-insured?

Funds on your Card are held at U.S. Bank, N.A., member FDIC, and are insured by the FDIC up to the maximum allowed by law for the benefit of the Primary Cardholder.

3. Why do we collect identifying information?

a) IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens certain accounts. This means that when you register for a Card, or when your Sponsor registers a Card for you, we may ask for your name, address, date of birth, tax identification number, and other information that will allow us to identify you. If necessary, we may also ask to see your driver's license or other identifying documents.

b) Additional Identity Validation. At any time, we may request additional information or identifying documents to confirm your identity or confirm use of the Card is authorized. If you do not provide information that we request, transactions with your Card may be declined or rejected, and your Card may be frozen, blocked or closed. Depending on the features listed in your Fee Schedule, you may have the option to complete an Identity Validation and access additional Card features like adding money to your Card through direct deposit or using certain Instant Transfers.

4. What is the role of your Sponsor and Funder?

a) Your Sponsor. Your Sponsor is a Funder that has arranged with us for you to obtain a card and receive payments from the Sponsor. Your Sponsor is responsible for providing information to you about your payment options. Your Sponsor may provide us information about you to open your Card, which may include your name, date of birth, tax identification number, physical address, and/or state of employment.

b) Your Funder(s). A Funder is any party that transfers funds to us to add or "load" your Card. Only your Funder is responsible for the amount or timing of payments to your Card. Your Funder may retain the right to deduct funds from your Card in order to correct a previous error or overpayment to you or for other reasons. You hereby authorize us to accept instructions from your Funder that credit or debit funds to or from your Card and, in the case of a debit, to return those funds to your Funder. If you have a dispute with your Funder about the amount that the Funder loads onto or deducts from your Card, you agree to not involve us in that dispute and to resolve that dispute solely with your Funder.

5. How can I use my Card?

a) Activate and Select a PIN. You must activate your Card and select a PIN before using your Card. You can activate your Card by calling us or using our website (See Contact Us Section). You may use your PIN to conduct certain transactions, such as point of sale transactions or ATM transactions. Because your PIN is used to approve transactions conducted with your Card, it is important to keep your PIN safe and secure. Do not share your PIN with others. Do not write your PIN on your Card.

b) Available Transactions. You may use your Card to receive and spend money as described in this Agreement, including transactions like: Purchases (See Section 16); In-Network and Out-Of-Network ATM Withdrawals and balance inquiries (See Section 17); Instant Transfers, including External Transfers (See Sections 18 and 19); ChekToday Convenience Checks (See Section 20); and Teller Assisted Cash Withdrawals (See Section 21). Fees and transaction limits may apply. Not all transaction types are available for all programs. See your Fee Schedule for more details.

c) Immediate Debits. Any time you use your Card to conduct a transaction, you authorize us to debit your Card for the amount of the transaction and any related fees.

d) No illegal use. You agree not to use your Card for illegal gambling or any other illegal purpose. Display of a payment card network logo by a merchant does not necessarily mean that transactions are lawful in all jurisdictions in which you or the transaction may be located. Therefore, we reserve the right to decline all online gambling transactions.

6. Is there a routing and account number for my Card?

A routing and account number for direct deposit or ACH transactions may be available for your Card if you are permitted to load money from Funders other than your Sponsor. (See Section 4). You are not permitted to use any routing or account number to debit or withdraw funds from your Card.

7. Are there fees for using my Card?

While there are transactions and services available for no fee, some transactions may incur fees. All fees we charge are listed on the Fee Schedule. Some of the ways you use or access your Card may incur third party fees, like mobile carrier fees for text messages and data or fees charged by out-of-network ATM owners.

8. How do I get information about my Card balance and transactions?

a) Electronic access. Your transaction history is available on our website (see Contact Us Section) and shows all Card activity during the statement period, including all loads, debits, Savings history, and any fees we charge. The mobile app and website are the best ways to keep track of your Card use and monitor your transaction history for unauthorized activity or other errors.
b) Written access. You will not automatically receive written statements. You may request written statements covering up to 24 months of transaction activity at any time. Visit the website, call us, or write us to make this request (see Contact Us Section).
c) Confirmation of loads. If you have arranged to have loads made to your Card, including by direct deposit, you can confirm whether such loads have been made by visiting our website or by calling us (see Contact Us Section). You can also set up text or email alerts that automatically let you know when funds are loaded to your card.
d) Receipts. You can get a receipt at the time you make any transfer to or from your Card using an ATM or point of sale terminal.

9. Is there a mobile app for my Card?

Some or all of the features and services associated with your Card are available in our mobile app or our website. Use of our mobile app and the website for your Card is subject to additional terms and conditions you are required to accept when you use those services.

ADDING MONEY

10. Who can add money to my Card?

a) Loads from Your Sponsor. Your Sponsor may load money to your Card at any time.
b) Loads by You or Other Funders. You may have the option to add funds to your Card after you complete additional Identity Validation. See Fee Schedule for the options for your Card.

11. How do I add money to my Card?

If available for your Card, and after you have completed Identity Validation, you may be eligible to use the services described below to add funds to your Card. See Fee Schedule for available services.

a) Loads by Direct Deposit. Load funds to your Card by directing automated clearing house ("ACH") payments from sources other than your Sponsor to your Card using the routing and account number for your Card.
b) Cash Reloads. One or more third-party reload networks may be available and may change from time to time. Information on current reload networks can be obtained by reviewing the Fee Schedule available after you log onto the website or by calling us (See Contact Us Section). Please note that if you utilize reload networks, those networks may charge a fee and/or set load limits that are lower than what we set.
c) Check Reloads. You may load additional funds to your Card via a third-party remote deposit capture service. This third-party service requires that you accept the service provider's terms and conditions, including fees, and download the service provider's mobile app.

12. What are the limits for loading money to my Card?

a) Maximum Balance. The maximum total balance you are permitted to maintain for your Card is $250,000. At our discretion, we may allow a load in excess of the Maximum Card Balance, but allowing an excess load in one instance does not mean we will allow other excess loads.
b) Limitations on Loads. For security reasons, there are limitations on the number and amount of transactions that you may perform with your Card. Limits are subject to change from time to time. Temporary changes or changes related to security may take place without prior notice to you, though you will receive notice of permanent changes to the extent required by applicable law. To measure these limits, a "day" is a rolling 24-hour period. Third-party providers you use to add funds to your Card may impose lower limits.

Maximum Loads from all sources	$250,000 per load	100 loads per day	$250,000 total per day
Maximum Load by ACH or direct deposit	$250,000 per load	100 loads per day	$250,000 total per day
Maximum Load through 3rd Party Cash or Check reload Network	$950 per load	3 loads per day	$950 total per day

c) Other limits. There may be additional limits on the amount, number or types of transactions you can make using your Card and for security reasons we do not disclose all of these limits. We reserve the right to refuse any load at any time for any lawful reason.
d) Prohibited Loads. You are NOT permitted to load or deposit funds to your Card using an ATM. You are NOT permitted to load funds to your Card by sending checks or money orders to us. We will attempt to return any checks or money orders we receive and will destroy any checks or money orders we do not return.

13. When are my funds available?

a) Funds Availability for Loads. Funds loaded to your Card are generally available for use on the Business Day funds from your Funder are received by us.
b) Early Direct Deposit. In our sole discretion, for certain recurring ACH loads, we may make funds available for your use up to two days before we receive the funds from your Funder. When funds are made available early, they will be reflected in your Card's Available Balance. Whether we make funds available early depends on (1) when we receive the Funder's payment instructions, (2) any limitations we set on the amount of early availability, and (3) standard fraud prevention screening. The criteria we use for making funds available early is determined at our sole discretion, based on confidential criteria necessary for maintaining the security of your Card and our payment services, and is subject to change without notice. Not all ACH loads are eligible for early availability. Loads received through other types of transactions, like check reloads, cash reloads, or other online transfers are not eligible for early availability. We do not guarantee that any particular ACH load will be made available before the date scheduled by the Funder, and early availability of funds may vary between loads from the same Funder. If we make funds available early and the Funder reverses or requests a return of the deposit, or the funds are otherwise uncollected by us, you understand and agree that we may debit your Card up to the amount of the deposit that was previously made available – even if you have already withdrawn the funds or it creates a negative balance on your Card. In this instance, you are responsible for any fees assessed – including those charged by merchants or third parties – as a result of the negative balance. Early crediting of ACH loads is offered at our discretion, and we reserve the right to cancel the service at any time and without notice to you.

SPENDING MONEY

14. How much money can I spend or transfer with my Card?

Generally, you can make purchases or withdrawals up to the Available Balance on your Card. For security reasons, there are limitations on the number and amount of transactions that you may perform with your Card described in the Fee Schedule. There may be additional limits on the amount, number or types of transactions you can make using your Card and for security reasons we do not disclose all of these limits. Daily limits are based on a rolling 24-hour period. We reserve the right to refuse any transaction at any time for any lawful reason.

15. What happens if I spend more than my Available Balance?

Generally, you will not be permitted to conduct a transaction that exceeds the amount of your Available Balance and attempts to spend more than your Available Balance will be declined. Remember, you can always check your balance and review authorized transactions at the website listed in the Contact Us Section. If a transaction that exceeds your Available Balance occurs, you will be liable to us for any negative balance.

16. What terms apply to purchases?

a) Holds Upon Authorization. When you conduct a transaction, there may be an immediate debit to your Card Balance for the amount of the transaction and any related fees, or there may be a hold reducing the Available Balance on your Card that you can use for transactions by the amount of the transaction as communicated to us by the merchant. Transactions with some merchants (like restaurants, car rental agencies, hotels, salons, and pay-at-the-pump gas stations) may authorize in an amount that might be greater or smaller than your transaction. If the amount of the authorization request exceeds your Available Balance, your transaction will be declined. If the transaction is authorized, funds in the authorized amount will be held and will not be available for other purchases. The authorized amount will be held until the transaction settles to your Card. Transaction settlement can generally take up to 10 days, though certain travel and lodging related authorizations may take longer. In some cases, the authorization amount will be held even if you do not complete your transaction.

b) Split Transactions; Rescinded Transactions; Failure to Honor. If you do not have enough money on your Card to complete a transaction, the merchant may allow you to split your purchase between your Card and another form of payment. If you authorize a purchase but do not make the purchase as planned, the authorized amount will be held until the authorization expires or the merchant releases the hold, which may take up to seven days or longer depending on the type of merchant or transaction. Neither we nor any other bank or business will be liable to you for the merchant's failure to accept or honor the Card.

c) Recurring payments to merchants. You may arrange for recurring payments, also known as preauthorized payments, to merchants using your Card number. You are NOT permitted to debit your Card using the ACH routing and account number provided for loads. If you have authorized recurring payments with your Card, you may review your transaction history to confirm whether a transfer was made by calling us of visiting the website (see Contact Us Section). Additionally, if you have authorized a third party to initiate recurring payments from your Card, you are solely responsible for notifying these third parties when your Card is replaced, if your Card number or expiration date has changed, or if your Card is canceled. If we issue a replacement Card to you, you agree that we may, but are not required to, provide information related to the replacement Card to such third parties to permit them to continue to initiate transactions to your replacement Card, and you authorize us to process such recurring transactions until you notify us such third party is no longer authorized to debit your Card, and we have had a reasonable time to process your request.

d) Right to stop payment and procedure for doing so. You can stop any preauthorized payments by contacting us using the telephone number or address in the Contact Us Section in time for us to receive your request at least three Business Days before the payment is scheduled to be made. Your request must include information necessary to identify the preauthorized payment (like transaction amount, merchant name, and transaction frequency). If you call, you must put your request in writing and get it to us within 14 days after you call. If you do not provide this written request, your stop payment request may only be effective for 14 days.

e) Notice of varying amounts. If these preauthorized payments vary in amount, the person you are paying is responsible for telling you 10 days before each payment when it will be made and how much it will be. You may choose instead to get this notice only when the payment would differ by more than a certain amount from the previous payment, or when the amount would fall outside certain limits that you set.

f) Liability for failure to stop payment of preauthorized payment. If you order us to stop payment, we receive the stop payment order at least three Business Days before the transfer is scheduled, and we do not do so, we will be liable for your direct losses or damages.

17. What terms apply to ATM Withdrawals?

You can use your Card and PIN at many ATM machines. See your Fee Schedule and Transaction Limitations for details on fees, which networks are In-Network for you, how to find surcharge-free ATMs, and limits on funds you may withdraw. If you experience an error at an ATM, please contact us immediately for assistance. Please note, you are NOT permitted to load or deposit funds to your Card using an ATM.

18. What is an Instant Transfer?

Instant Transfers are card network transactions that move funds between accounts associated with debit cards. If available for your Card, Instant Transfers may be conducted using third party services or our External Transfers service. See Fee Schedule. Instant Transfers that add funds to your Card, even for test transactions, require additional Identity Validation. See Section 3.

19. How do I use External Transfers?

External Transfers is a type of Instant Transfer that is accessed through the website or mobile app for your Card. If available, you may use our External Transfer service to send available funds from your Card to your account at another institution when that account has a debit card. This service can **only** be used to move funds off your Card and **cannot** be used to add money to your Card. All External Transfers are one-time payments. You may cancel your use of the External Transfer Service at any time by deleting your saved External Accounts on the cardholder mobile app or website.

a) Set-up. You must set up an External Card Account using the cardholder mobile app or website before you conduct External Transfers. The External Account must be associated with a debit card to be eligible for set-up. However, not all accounts are eligible, and eligibility may be impacted by account features set by the provider of your External Card Account. Only two (2) External Card Accounts may be set up for use at any one time. You are responsible for providing accurate account information for the External Card Account. Inaccurate account data may cause External Card Account set-up to fail or External Transfers to be misdirected. We are not responsible for misdirected transfers if we follow your instructions.

b) Sending funds. Generally, transfers will be processed when submitted. You do not have the right to cancel an External Transfer after it is submitted by you. If your Available Balance is not sufficient to cover the requested transfer and any fees at the time the transfer is processed, the transfer will fail.

c) Permissible delays; Refusal of requests. We may delay or refuse an External Transfer in certain situations, which may include: if we need to confirm that you have authorized the transfer, if other transactions to or from your Card have been subject to reversal, if you have made recent changes to your contact information, or if the transfer exceeds transaction limitations for your Card. If we refuse a transfer, we will return the funds associated with the transfer to you unless we are legally obligated to take other action.

d) Our liability is limited. We are responsible for errors caused by our failure to process an External Transfer according to your properly transmitted instructions unless we have reasonably delayed or rejected the transaction in accordance with this Agreement. We are not responsible for any costs, late fees, or other damages incurred if the External Transfer is delayed. We are not responsible for misdirected transfers or errors that result from payment instructions provided by you that we have accurately followed. If you believe an error has occurred, you should report it immediately using the error resolution process described in Section 43.

20. How do I use ChekToday checks?

ChekToday checks allow you to withdraw the full Available Balance of your Card using a check that is payable to **you**. You must call to authorize a check and receive an authorization code. The party that negotiates the check must call for a confirmation code before accepting the check.

a) When you request a check be authorized, you authorize us to debit your Account for the amount authorized.

b) Our Liability is limited. ChekToday checks will not be honored or paid unless they bear a valid authorization code and confirmation code, are made out to you, and made out for the amount authorized. We will not be liable to you for damages when ChekToday checks are presented for

payment to someone other than you, without an authorization code, without a confirmation code, or in an amount other than the amount originally authorized.

c) Cancellation or Stop Payment. If an authorized check is lost or stolen, please contact us immediately to report the loss and cancel the check. You can request a stop payment of an authorized check only if the check has not been confirmed or paid. To stop payment, you must call us at the number listed in the Contact Us Section. You cannot stop payment after we have provided the confirmation code or paid the check. If we have to defend ourselves for letting you stop payment on a check, you have to protect us by paying our expenses including our reasonable attorney's fees. If we pay a ChekToday Check after you attempted to stop payment of the check, you may have to prove that you suffered a loss as a result of the payment before we recredit your Account.

21. What terms apply to Teller Assisted Cash Withdrawals?

Teller Assisted Cash Withdrawals can be conducted through the teller window at any Visa member bank and allow you to withdraw funds from your Account. These transactions are treated as point-of-sale transactions for tracking limitations on transactions. The bank you use for this transaction may require identification or other information before the transaction may be completed.

22. Can I use my Card outside of the U.S.?

Generally, you may use your Card for retail purchases at foreign (outside the United States) merchants and for cash withdrawals from foreign ATMs that bear either the PLUS System or the Visa logo. We may block transactions to or in certain countries. Some merchant and ATM transactions, even if you and/ or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable Visa rules, in which case we will add the "International Transaction Fee" described below to those transactions. We do not control how these merchants, ATMs and transactions are classified for this purpose. The exchange rate in effect when the transaction is processed may differ from the rate in effect on the date of the transaction or the date of the posting of the transaction to your Card. If you use your Card at a merchant or an ATM that bears the Visa logo (and no PLUS System logo), the transaction will be processed through the Visa system and will be converted into U.S. Dollars according to the applicable rules established by Visa from time to time. For transactions processed through Visa, the foreign currency transaction will be converted to U.S. Dollars by multiplying the amount of the foreign currency times (a) a rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate Visa itself receives, or (b) the government-mandated rate in effect for the applicable central processing date. If you use your Card at an ATM that bears only the PLUS System logo (and no Visa logo), the transaction will be processed through the PLUS System and converted into U.S. Dollars at the exchange rate established, from time to time, by the operator of that ATM. If you use your Card at an ATM that bears both the Visa and PLUS System logos, the ATM operator will determine whether to send your transaction over the Visa or PLUS System network using such network's respective currency conversion rules then in effect (as explained above). We may assess an International Transaction Fee, calculated as a percentage of your transaction amount. The percentage, if any, is listed on the Fee Schedule. We may assess the International Transaction fee on all foreign transactions, even transactions that do not require currency to be converted.

OPTIONAL SERVICES

23. What is Savings?

Savings is a feature of your Card that allows the Primary Cardholder to set aside a portion of your Card's funds to earn interest. Funds you put in Savings are your Savings Balance. While funds in your Savings Balance are still in your Account and part of your total balance, your Savings Balance is not part of your Available Balance, and you must take action to transfer funds from your Savings Balance to your Available Balance when you want to make those funds available for transactions with your Card.

Your Card must remain open to use Savings. If Savings is stopped or your Card is closed for any reason, your Savings Balance will be returned to your Card's Available Balance, and any unpaid interest will be forfeited. You must provide us with a valid social security number or tax identification number when beginning Savings.

24. How do I add funds to my Savings Balance?

The Primary Cardholder may start using Savings by going to the website and completing enrollment. You must add at least $10.00 to your Savings Balance to start Savings. Once your Savings is set up, you may transfer funds from your Available Balance to your Savings Balance using the website or by calling us. You can make one-time transfers or recurring transfers from your Available Balance to your Savings Balance. You may cancel or change your automatic transfer settings at any time using the website or by calling us. If the amount of any automatic transfer exceeds the Available Balance, your transfer will not be processed.

25. Are there restrictions on Savings?

You may only transfer funds into Savings from your Card's Available Balance and you may only transfer funds out of your Savings Balance to your Available Balance. Transfers between balances are unlimited but must be made in whole dollar amounts. Funds in Savings cannot be accessed through any means other than transfers from your Savings Balance to your Card's Available Balance.

26. How do I access information about my Savings?

Current interest rate, Annual Percentage Yield (APY), Savings Balance, Savings transactions, and interest payments are included in your Card's transaction history. See Section 8 for more details.

27. How do I stop Savings? What happens to Savings if the bank stops my Savings?

You may stop Savings by visiting the website or by calling us (see Contact Us Section). When you stop Savings, your Savings Balance will be transferred to your Card's Available Balance. If there are any outstanding fees or negative balances on your Card, the transferred Savings Funds will be applied to those fees and/or negative balances. If the Savings Balance is $0.00 for 90 consecutive days, we may stop your Savings, regardless of the status of your Card. If you stop or we stop your Savings, you may lose any accrued but unpaid interest. If your Savings is closed, you may not restart Savings until the first day of the following month.

28. What interest rate is paid on Savings?

The interest rate paid on your Savings Balance is a variable rate, meaning that it can change at any time, without notice. The current rate and annual percentage yield is available on the website (see Contact Us Section) and as part of your transaction history.

29. How is interest on Savings calculated and paid?

a) Interest Calculation. We use the daily balance method to calculate interest on your Savings. This method applies a daily periodic rate to the daily Savings Balance as of 6:50pm CT each day. The daily balance is calculated at 6:50 CT each day. Transfers made after that time begin to accrue interest on the next day. Interest on your Savings Balance will accrue daily.

b) Interest Payments. All accrued interest will be credited to your Savings Balance monthly. Interest for each month will be paid no later than the first Business Day of the next month. For example, interest accrued in September will be paid to your Savings Balance no later than the first Business Day of October.

30. What other terms apply to Savings?

a) Tax Reporting and Withholding. Per Internal Revenue Service ("IRS") regulations, if you are paid more $10 in interest for a calendar year, we will mail you an IRS Form 1099-INT in January of the following year. We will withhold interest for IRS purposes if we receive a notification of any backup withholdings from the IRS. Should we withhold interest, a 1099-INT will be sent to you for any amount withheld and we will report this amount to the IRS.

b) Set-off against Available Balance. If you have a negative Available Balance on your Card, we reserve the right under the law (called set-off) and under this Agreement to use money from your Savings Balance to offset that negative balance.

31. Can someone else use my Card?

a) Generally. Except by requesting a Secondary Card (as described below), you may not permit another person to have access to your Card. If you allow or permit another person to access your Card, you are liable for all transactions and fees incurred by such person. You must notify us in writing to revoke permission for any person you previously authorized to use or access your Card. The Primary Cardholder is at all times liable and responsible for all transactions, fees, and other activity with respect to the Card and any Secondary Card (as defined below).

b) Secondary Card. If available for your Card, the Primary Cardholder may request an additional card to be issued to access your Available Balance (a "Secondary Card"). Secondary Cards should only be requested for a trusted person who is 13 years of age or older (the "Secondary Cardholder"). We reserve the right to refuse any Secondary Card request. The Secondary Cardholder is not an owner of the Card or the Secondary Card. The Primary Cardholder is the owner of the Card, the Secondary Card and all funds loaded to the Card and will at all times be liable and responsible for transactions, fees, and other activity with respect to the Secondary Card. The Secondary Cardholder may report the Secondary Card as lost or stolen. The Secondary Cardholder may not request additional cards, but in other respects may have the same ability as the Primary Cardholder to access information or make decisions regarding the Card. We reserve the right, in our sole discretion, to require the Primary Cardholder to make or approve particular transactions or decisions. If the Primary Cardholder wishes to terminate the authority of the Secondary Cardholder, the Primary Cardholder must call or write to us to request revocation of the Secondary Cardholder's access to your Card (see Contact Us Section). The Primary Cardholder will continue to be liable for all transactions, fees and other activity resulting from continued use of the Secondary Card until revocation is received by us. On revocation of the Secondary Card, all Cards associated with the Card will be deactivated and replacement Card must be requested for the Primary Cardholder. To the extent permitted by law, you are also liable and responsible for all costs and expenses, including attorneys' fees, that we incur enforcing these rules governing the Secondary Card.

ACCOUNT CLOSURE AND OTHER MATTERS

32. How do I close my Card?

You may close your Card at any time without incurring a fee. To close your Card, call or write us. (See Contact Us Section).

33. Can the bank close my Card?

We may close your Card for any reason or no reason at all. If we close your Card, we will send you notice of closure.

34. What happens when my Account is closed?

a) Effect of Closure on Transactions and Savings. When your Card is closed, we will deactivate your Card and you will not be able to add funds to the Card or use the Card to conduct transactions. Closing your Card, whether at your request or by us, will not affect prior transactions or obligations relating to your Card existing at the time of closure. If we or you close your Card and you have funds in a Savings Balance, any unpaid interest that has accrued through the date of closure will be forfeited and the Savings Balance will be transferred to the Card's Available Balance.

b) Return of Funds. After Card closure, and after any transactions authorized before closure have settled, we will send the remaining Available Balance to you at your last known address reflected in our records. If your Card is closed for any reason, you authorize us to re-open your Account to process any transactions authorized prior to Card closure, or for other purposes consistent with applicable law. We reserve the right to place a hold on your Card, and delay return of remaining funds, if we suspect irregular, fraudulent, unlawful or other unauthorized activity involved with your Card. You agree that we may maintain such hold until all claims against you or us to the funds held in the Card, whether civil or criminal in nature, have been fully resolved in our sole satisfaction.

c) Abandonment or Dormancy. If your Card remains inactive or dormant for a certain amount of time, we may be required to escheat unclaimed funds, including funds in Savings, in accordance with applicable law.

35. What are my responsibilities?

This Agreement describes various responsibilities you and we have with respect to your Card. Some of your responsibilities include:

a) Duty to protect your Card and Access Credentials. It is your responsibility to protect your Card by protecting the information that can be used to access your Account, like account numbers, card numbers, your Card, PIN, and/or access credentials (like your username and/or password). If you furnish your Card and/or the information that can be used to access your Account and grant actual authority to conduct transactions to another person (for example, to a family member or co-worker), who then exceeds that authority, you are liable for the transfers unless we have been notified in writing by you that transfers by that person are no longer authorized.

b) Duty to Examine Statements. Because you are in the best position to discover any problem with your Card, you agree to promptly examine your transaction history and report to us any problem on or related to your Card. Failure to promptly report problems may impact our ability to investigate or address the issue and your liability for the problem. See Sections 43 and 44 for information on reporting problems and your liability for errors.

c) Duty to Update Contact Information. It is your responsibility to ensure the contact information we have for you is accurate and current. You are responsible for messages and statements we send to the most recent address you have given us. We may also update your address in our records without a request from you if we receive an address change notice from the U.S. Postal Service, our mail vendor, or your Sponsor.

36. How does the bank prevent fraud?

You play a key role in preventing fraud on your Card by, for example, keeping your Card safe, avoiding irregular transactions or merchants, regularly reviewing your transaction history and quickly reporting any concerns or errors. We reserve the right to place a hold on your Card, and delay return of remaining funds, if we suspect irregular, fraudulent, unlawful or other unauthorized activity involved with your Card. We may attempt to notify you of such hold, but we are not required to provide such notice prior to placing the hold. You agree that we may maintain such hold until all claims against you or us to the funds held on the Card, whether civil or criminal in nature, have been fully resolved in our sole satisfaction.

37. When is the Bank liable for mistakes or delays?

If we do not complete a transfer to or from your Card on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages with some exceptions. We will not be liable, for instance:

- If, through no fault of ours, you do not have enough money in your Card to make the transfer.
- If the automated teller machine where you are making the transfer does not have enough cash.
- If the terminal system was not functioning properly and you were aware of that when you started the transfer.
- If circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- There may be other exceptions stated in our agreement with you.

38. How can the bank contact me?

a) From time to time, we may contact you to service your Card. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications— including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system—from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes unless you take action to revoke this consent. Calls and messages may incur access fees from your cellular provider. From time to time, we may monitor telephone calls you make to us or our agents.

b) You may also sign up for email and text alerts. Visit the website or call us at phone number listed in the Contact Us Section for more information. You can make changes to your alerts and contact preferences at any time.

39. How does the bank use my information?

Our privacy policy (available on our website) discloses the information we share with other entities for marketing purposes and your rights to control the use of that information. To service your Card, we will disclose information to third parties about your Card or the transfers you make where it is necessary for completing transfers or in order to verify the existence and condition of your Card for a third party, such as a credit bureau or merchant. We may provide information about you or your Card as permitted or required by law for other purposes, such as: (1) reporting of interest you earn to federal and state tax authorities, (2) reporting cash transactions that are at reportable limits, (3) investigating and reporting of transactions that we reasonably determine to be suspicious; and (4) responding to subpoenas, court orders, or government investigations. We may also share information if you give us your written permission.

40. What will the Bank do with Legal Process Affecting my Card?

We are a national bank with many locations. You agree that for purposes of this section, we may treat your Card as existing in the state of your mailing address, unless you have also provided us a physical address with a different state in which case we will treat your Card as existing in the state of your physical address. You understand and agree that a creditor or governmental agency may attach your Card by service of legal process on any of our locations, at any site designated by us for acceptance of service of process, on any appointed agent of ours, or any other method authorized by law, court rule, or regulation. We may accept and comply with legal process served by any means. If we receive any legal process affecting the Card that we believe to be valid, we may accept and act on such process by withholding transfer of so much of the balance of the Card as may be subject of such process. Legal process includes, but is not limited to, the following: any writ of attachment, adverse claim, execution, garnishment, tax levy, restraining order, subpoena or warrant. We may, but are not required to, provide notice of legal process affecting the Card. We may collect fees associated with the receipt and processing of such orders.

If we are served with any legal process that tries to attach or in some way prevent you from freely using your funds, you give us the right, but we have no obligation, to hold any portion of the funds during any time necessary to determine whether the funds in your Card are subject to the legal process, and you agree that we may deposit the funds with any court which we deem to have jurisdiction over us or your Card and ask that court to determine to who the funds belong. You agree to reimburse us for our expenses, including attorney's fees and expenses, arising out of the service of the legal process on us and our response to it.

41. Can these terms change?

a) Amendment. Yes, these terms may change from time to time. You will be notified of any change as required by applicable law. However, if the change is made for security purposes, we may implement such change without prior notice. We may terminate or suspend this Agreement, or any features or services of the Card described in the Agreement, at any time. The terms, conditions and fees associated with your Card do not automatically change when your employment with the Sponsor ends. Continuing to use the Card after any change in terms constitutes your acceptance of the new terms.

b) Assignment and waiver. We may at any time change or terminate the Agreement or transfer our rights under this Agreement. We do not give up our rights by delaying or failing to exercise them at any time.

c) Availability of current terms. Current terms are available at the website listed in the Contact Us Section. You can also request current terms by writing or calling us.

d) Severability. If any term of this Agreement is found by a court to be illegal or unenforceable; all other terms will still be in effect.

LOST CARDS AND RESOLVING ERRORS OR ISSUES

42. What if I lose my Card?

a) Tell us IMMEDIATELY if you believe your Card or PIN has been lost or stolen or if you believe a transaction with your Card has been performed without your permission. Calling us at the telephone number listed in the Contact Us Section is the best way to notify us and reduce your possible losses. You may also write us at the address listed in the Contact Us Section.

b) If your Card has been lost or stolen, or if you have reported unauthorized activity on your Card, we will deactivate your Card and provide you with a replacement Card. While this step may be inconvenient, it is necessary.

43. What should I do if I notice errors or unauthorized use?

a) Contact us. If you think your statement, transaction history, or receipt is wrong or if you need more information about a transaction listed on the statement, transaction history, or receipt, **contact us immediately** using the telephone number or address in the Contact Us Section. Errors might include transactions or activity you did not authorize, incorrect transactions, omissions or other mistakes on your transaction history, computational or bookkeeping errors made by us regarding a transaction, receipt of an incorrect amount of money from an ATM, and incorrect or incomplete information on receipts for transactions. An unauthorized transaction is one that another person conducts without your permission and from which you receive no benefit.

b) Timing to report. We must allow you to report an error within 120 days after the error occurred.

c) What information you will need. When you report the error, you will need to tell us: (1) Your name and your Card number; and (2) Why you believe an error exists, including to the extent possible the type, date, and amount of the error or why you need more information.

d) Written Confirmation Required. If you report the error by calling us, we will require that you send us your complaint or question in writing within 10 Business Days after speaking with us.

e) Investigation Timing and Process. We will determine whether an error occurred within 10 Business Days after you first provide us with the required information and will correct any error promptly. If we need more time, however, we may take up to 90 days to investigate your complaint or question. If we decide to do this, we will provisionally credit your Card within 10 Business Days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive this writing within 10 Business Days, we may not provisionally credit your Card, although we will still investigate your complaint or question. For errors involving ATM transactions, we may take up to 45 days to investigate your complaint or question. For errors involving new Cards (open less than 30 days from the first load to the Card), point of sale, or foreign initiated transactions, we may take up to 90 days to investigate your complaint or question. For new Cards, we may take up to 20 Business Days to provisionally credit your Card for the amount you think is in error. We will tell you the results within three Business Days after completing our investigation. If we

decide there was no error, we will send you a written explanation within three Business Days after we finish our investigation. You may ask for copies of the documents used in our investigation. If we have issued provisional credit to you and there is no error, the amount of that credit will be subtracted from your Card. We will give you advance notice of the amount and date of the debit against your Card for that credit.

44. Am I liable for unauthorized transactions?

You are generally protected from liability for unauthorized transactions you report to us in a timely manner. However, if you fail to give us notice within 120 days after the transfer or transaction allegedly in error was credited or debited to your Card, you may not get back any money you lost after the 120 days if we can prove we could have stopped transactions if you had told us in time. If a good reason (such as a long trip or a hospital stay) kept you from telling us, we will extend the time periods.

45. Can the bank make adjustments to my Card or Card Balance?

If we, or you, or your Sponsor, make an error on your Card, we can fix the error without first notifying you. For example, if funds were added or removed from your Card in error, we can fix that error without special notice to you. The correction will normally appear on your transaction history.

46. How do I address issues with the bank?

a) We welcome the opportunity to address any concerns you may have about your Card or our services. Please contact us using the information listed in the Contact Us Section to share your concerns.

b) RESOLUTION OF DISPUTES BY ARBITRATION

PLEASE READ THIS PROVISION CAREFULLY. UNDER THIS PROVISION, YOU WAIVE YOUR RIGHTS TO TRY ANY COVERED CLAIM IN COURT BEFORE A JUDGE OR JURY AND TO BRING OR PARTICIPATE IN ANY CLASS OR OTHER REPRESENTATIVE ACTION.

The following provision applies to any claim, cause of action, proceeding, or any other dispute between you, on the one hand, and us, our respective parents, subsidiaries, affiliates, agents, employees, predecessors- in-interest, personal representatives, heirs and/or successors, and assigns, on the other hand (each a "Claim" as further defined under the heading "Claims Covered by Arbitration"), including all questions of law or fact related thereto.

1. **Agreement to Arbitrate.** Either you or we may elect in writing, and without the consent of the other, to arbitrate all Claims covered by this provision.
2. **Claims Covered By Arbitration.** Claims subject to our agreement to arbitrate shall include all of the following: (i) Claims related to or arising out of this Agreement, or any prior or later versions of this Agreement as well as any changes to the terms of this Agreement; (ii) Claims related to or arising out of any aspect of any relationship between us that is governed by this Agreement, whether based in contract, tort, statute, regulation, or any other legal theory; (iii) Claims related to your use of any of the digital services we make available to you through our website, online banking platforms, and mobile apps; and (iv) Claims that relate to the construction, scope, applicability, or enforceability of this arbitration provision. Claims include Claims that arose before we entered into this Agreement (such as Claims related to advertising) and after termination of this Agreement.
3. **Claims Not Covered by Arbitration.** Claims subject to our agreement to arbitrate shall not include any Claim you file in a small claims court, so long as the Claim remains in such court and advances only an individual claim for relief.
4. **Commencing an Arbitration.** The party initiating arbitration must initiate such arbitration with the American Arbitration Association (the "AAA"). If AAA is for any reason unable to serve, then you or we may agree to a comparable substitute organization. If the parties are unable to agree, then a court of competent jurisdiction shall appoint a comparable substitute organization.
5. **Arbitration Procedure.** The arbitration shall be decided by a single neutral arbitrator selected in accordance with AAA's rules, as applicable. Except as modified by this [Arbitration provision], the AAA will administer arbitration in accordance with the AAA's Consumer Arbitration Rules. AAA's Rules may be obtained at www.adr.org. At the time of initiating arbitration, the party seeking to initiate arbitration must provide the other party with the demand for arbitration and identify the cardholder (s) and card(s) at issue, including the Card Number(s), and provide a short and plain statement of the claims asserted and the relief sought. The Parties agree that Federal Rule of Civil Procedure 11 shall apply to the arbitration proceeding, including that the claims and relief sought are neither frivolous nor brought for an improper purpose.
   The arbitrator will decide the dispute in accordance with the terms of our Agreement and applicable substantive law, including the Federal Arbitration Act and applicable statutes of limitation. The arbitrator shall honor claims of privilege recognized at law. The arbitrator may award damages or other relief (including injunctive relief) available to the individual claimant under applicable law, including relief contemplated under Federal Rule of Civil Procedure 11. The arbitrator will not have the authority to award relief to, or against, any person or entity who is not a party to the arbitration. The arbitrator will take reasonable steps to protect customer account information and other proprietary or confidential information. Any arbitration hearing shall take place in the federal judicial district that includes your home address, unless you and we agree in writing to a different location or the arbitrator so orders. If all Claims are for $10,000 or less, you may choose whether the arbitration will be conducted solely on the basis of documents submitted to the arbitrator, through a telephonic hearing, or by an in-person hearing in accordance with AAA's rules. At your or our request, the arbitrator will issue a reasoned written decision sufficient to explain the essential findings and conclusions on which the award is based. The arbitrator's award shall be final and binding, subject to judicial review only to the extent allowed under the Federal Arbitration Act. You or we may seek to have the award vacated or confirmed and entered as a judgment in any court having jurisdiction.
6. **No Class Action or Joinder of Parties.** You and we agree that any Claim brought in arbitration will be brought on an individual basis only. You and we agree that no class action, private attorney general, or other representative claims may be pursued in arbitration, nor may such action be pursued in court if either you or we elect arbitration. Unless mutually agreed to by you and us, Claims of two or more persons may not be joined, consolidated, or otherwise brought together in the same arbitration (unless those persons are joint account owners or beneficiaries on your Card and/or related accounts, or parties to a single transaction or related transaction). If under applicable law a claim, remedy or request for relief cannot be compelled to arbitration, then that claim, remedy or request for relief shall be severed and may be brought in a court of competent jurisdiction under this Agreement after arbitration and all appeals are concluded. The remaining claims, remedies or requests for relief shall be submitted to arbitration consistent with the terms of this provision. If this specific paragraph is determined by the arbitrator to be unenforceable, then this entire provision shall be null and void.
7. **Arbitration Costs.** The parties will be responsible for the costs of arbitration as set forth in the rules of the applicable arbitration forum and subject to applicable law. To the extent allowed by applicable law, our agreements, and the rules of the applicable arbitration forum, the arbitrator may award arbitration costs and attorneys' fees to the prevailing party. Otherwise, each party will pay its own attorney, expert and witness fees.
8. **Applicable Law.** You and we agree that you and we are participating in transactions that involve interstate commerce and that this provision and any resulting arbitration are governed by the Federal Arbitration Act. To the extent state law applies, the laws of the state governing your Card relationship apply. No state statute pertaining to arbitration shall apply.
9. **Severability.** Except as this provision otherwise provides, if any part of this provision is deemed to be invalid or unenforceable by the arbitrator, that part will be severed from the remainder of this provision and the remainder of this provision will be enforced.

c) Litigation Class Action Waiver. To the extent a Claim is not submitted to arbitration for any reason, you and we agree that any Claim filed in court will be brought on an individual basis only. You and we agree not to participate in any class action, private attorney general action, or other representative action for a Claim filed in court by any party.

d) Attorney's Fees. Where used, "attorney's fees" includes attorney's fees, court costs, collection costs, and all related costs and expenses. Notwithstanding any provision in this Agreement to the contrary, any provision for attorney's fees in this Agreement shall not be enforceable in any dispute governed by the laws of California or Oregon.

Key Definitions

"Account" is another way to refer to your Card and the funds accessed by your Card.
"Agreement" means this Cardholder Agreement and the Fee Schedule as may be amended from time to time.
"Available Balance" means the total funds available to you at a point in time for spend or withdrawal transactions.
"Business Day" means Monday through Friday, excluding federal holidays.
"Card" means the digital credentials or physical U.S. Bank Focus Card which accesses funds loaded to your Card or Account.
"Cardholder" or "Primary Cardholder" means the person to whom the Card was first registered and issued.
"Fee Schedule" means the Fee Schedule and Transaction Limitations delivered with your Card which is incorporated into the Agreement by reference.
"FDIC" means the Federal Deposit Insurance Corporation. For information about FDIC and deposit insurance, visit *fdic.gov*
"Funder" means an organization providing an actual dollar value, or funds, to your Card.
"Identity Validation" is the process through which you provide certain identifying information (like your physical address, date or birth and/or tax identification number) to us and we take steps to verify your identity as described in Section 3.
"Load" means adding funds to your Card.
"Preauthorized Payments" are recurring payments to merchants using your Card number.
"Savings Balance" means funds that are part of your Card Balance that you have designated as Savings and which may earn interest.
"Sponsor" is the employer or other Funder that originally offered you the Card and Account.
"We" or "us" means U.S. Bank, N.A., the issuer of the Card, including its successors, assignees, and agents, as well as any vendors associated with servicing the Card.
"You" refers to the Cardholder or Primary Cardholder.

U.S. Bank Focus Card Fee Schedule
Program Number: 87265214 POD

All fees	Amount	Details
Add money		
Check Reload	5% or $5.00 minimum	This is not our fee and is subject to change. Fee of up to 5% of check value may apply when cashing a check to load your card at Ingo Money. Money in Minutes - 2% (pre-printed payroll or gov't checks) or 5% (all other checks), minimum $5.00. Money in 10 Days - no fee. Fee is deducted from check value. Go to *ingomoney.com* for more information.
Cash Reload - GreenDot®	$5.95	This is not our fee and is subject to change. Fee of up to $5.95 may apply when reloading your card at GreenDot. Fee is paid to third party at the time of reload. Go to *greendot.com* for more information.
Spend Money		
Instant Transfers	2%	This is our fee charged each time you transfer money from your Card using a third-party Instant Transfer service.
External Transfers	2%	This is our fee charged each time you use our External Transfer service to move funds from your Card to another account of yours that has a debit card.
Get cash		
ATM Withdrawal (in-network)	$0	This is our fee per withdrawal. “In-network” refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at *usbank.com/locations* or *moneypass.com/atm-locator.html*
ATM Withdrawal (out-of-network)	$2.25	This is our fee per withdrawal. “Out-of-network” refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	$0	This is our fee for when you withdraw cash from your card from a teller at a bank or credit union that accepts Visa®.
Using your card outside the U.S.		

International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose. For Connecticut, Illinois, New York, and Pennsylvania workers, all international purchase fees are waived.
International ATM Withdrawal	$3.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	$5.00	This is our fee per replacement of your card, whether mailed to you with standard delivery (up to 10 business days) or provided to you by your employer/sponsor. This fee is waived for your first card replacement in a 12-month period. This fee will be charged for each additional replacement during the same 12 months. For Connecticut, Hawaii and Pennsylvania workers, this fee is waived.
Card Replacement Expedited Delivery	$10.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Card Replacement Overnight Delivery	$20.00	This is our fee for overnight delivery charged in addition to any Card Replacement fee.
Inactivity	$2.00	This is our fee charged each month after you have not completed a transaction or received a load for 365 consecutive days. For residents of the following states, this fee is not charged after funds on the Card are abandoned: Texas, California, and New Jersey. For workers in the following states, this fee is not charged: Minnesota, Montana, and New York. For Hawaii workers, accounts with a balance of $0.00 and no activity for more than 6 months may be closed.
Other Third-Party Fees	Varies by provider	Some third-party service providers like person-to-person payment services or mobile wallet providers may charge you a fee for using your card for transactions.

Your funds are eligible for FDIC insurance up to $250,000. FDIC insurance protects deposits from loss due to bank insolvency. See *fdic.gov/deposit/deposits/prepaid.html* for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-877-474-0010**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit ***usbankfocus.com***.

For general information about prepaid accounts, visit *cfpb.gov/prepaid*. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit *cfpb.gov/complaint*.

Important information: Fee waivers for workers of a particular state are applied based on information from the sponsoring employer regarding your state of employment.

CR-61515703

MY HR PROS

My HR Professionals' Privacy Policy

Your privacy is important to us.

Our clients, employees and other parties with whom we do business entrust My HR Professionals with important information relating to their business and personal lives. It is our policy that all information received by My HR Professionals is confidential and only used for purposes directly related to your business and/or employment. My HR Professionals will not sell or release your personal information without prior authorization.

Net Checks to Abandoned Property

Your uncashed net checks:

Your net checks will be sent to the state if left uncashed for longer than a year as abandoned property. You agree that any net checks being remitted to abandoned property for failure to cash will be subject up to a $30 stop pay fee which is deducted out of the uncashed check. If your uncashed amount is less than $30, we will only absorb that amount. No additional charge is added to equal the $30. If you do not want to lose your money to abandoned property, please cash all your live, net checks.

Policy Receipt/Acknowledgement

I have received the **Employee Copy** of each policy listed below from the New Hire Packet. I have reviewed these policies and understand that I am held responsible for complying with these policies as a condition of my employment with _____.

Company Name

Please check and sign:

- ☐ Conditions of Employment
- ☐ Workplace Harassment Policy
- ☐ On the Job Injury Policy

Printed Name: _____ SSN: _____

Signature: _____ Date: _____

MY HR PROS

Employee Copy

Standards of Conduct and Employment:

Because everyone may not have the same idea about proper workplace conduct, it is helpful to adopt and enforce rules all can follow. Unacceptable conduct may subject the offender to disciplinary action, up to and including discharge, in the Company's sole discretion. The Company will address each situation individually.

The following are examples of some, but not all, conduct which can be considered unacceptable:

1. The Company agrees to enter into an employer relationship with the Employee. Employee acknowledges and understands that the company will be responsible for payroll, withholding and timely payment of all applicable employer and employee statutory taxes and insurances. These include social security, unemployment, disability, and workers' compensation if applicable.
2. Compensation for work performed by the employee will be at a rate mutually agreed upon by the Company and the employee with consideration given to minimum wage law.
3. It is understood that employment is "at-will" which means that your employment can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or yourself, except as otherwise provided by law.
4. Employment is subject to the completion of the Employment Eligibility Verification (Form 1-9). Failure to provide acceptable document(s) to the Company at the time of hire, or in a timely manner, will result in termination of employment.
5. Firearms or weapons are not allowed on the employer's premises. (If applicable)
6. Reporting for duty under the influence of alcohol or drugs.
7. Possession, manufacture, distribution, sale, transfer, dispensation or use of alcohol or illegal drugs in the workplace.
8. Bringing weapons into the workplace.
9. Sleeping on the job during working hours.
10. Negligence and inattention to job duties.
11. Fighting or threatening violence in the workplace.
12. Boisterous or disruptive activity in the workplace.
13. Immoral, illegal, or intimidating comments or actions toward co-workers, clients, or vendors.
14. Working at an unacceptable speed or level of production.
15. Violating Health or Safety rules, including failure to report an unsafe working condition or accident.
16. Willful acts of disregard for personnel and company policies and/or procedures.

17. Violations of traffic laws while in a company-owned vehicle or while performing official company business.
18. Stealing company, co-worker, client, or vendor property.
19. Willfully damaging, defacing, or destroying company, co-worker, client, or vendor property.
20. Refusing to follow a supervisor's instructions or direction regarding work duties.
21. Performing personal business on company time.
22. Falsification of company records, including but not limited to the Employment Application, Insurance Application, Service Ticket, Expense Reports, Medical Records, and Employee Time Records.
23. Accepting any monetary gratuities from vendors or clients.
24. Excessive use of company telephone for personal business. This includes personal or long-distance telephone calls.
25. Leaving your work area during your work shift without notifying and obtaining approval of your supervisor.
26. Any other violation of company work rules or policy.
27. This policy is not intended to preclude or dissuade employees from engaging in activities protected by state or federal law, including the National Labor Relations Act, such as discussing wages, benefits or other terms and conditions of employment, forming, joining or supporting labor unions, bargaining collectively through representatives of their choosing, raising complaints about working conditions for their own and their fellow employees' mutual aid or protection or legally required activities.

MY HR PROS

Employee Copy

Workplace Harassment Policy

It is the Policy of My HR Professionals and the worksite employer that all employees should be treated in a respectful, non- discriminatory manner and should be able to work in an environment free of harassment. The Company's Policy prohibits sexual harassment as well as harassment based on race, color, age, disability, religion, national origin or any other characteristic protected by State or Federal law.

This Policy applies to all Company employees. This policy also prohibits harassment of employees by contractors, customers or vendors, who are conducting business with our employees, and similarly prohibits harassment by our employees of such contractors, customers or vendors. All supervisors, as a part of their job requirements, are responsible for preventing and eliminating harassment in their respective departments or work areas.

Sexual harassment, includes, but is not limited to, making unwelcome sexual advances (verbal or physical) and requests for sexual favors when either (1) submission to such conduct is made an explicit or implicit term or condition of employment; or (2) submission to or rejection of such conduct by an individual is used as a basis for tangible employment actions or decisions; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Some examples of conduct which may constitute prohibited harassment are: explicit sexual propositions, unwelcome physical touching, obscene gestures, sexually explicit pictures, objects or computer programs; vulgar or obscene jokes; racial, religious or national origin epithets, jokes or signs; demeaning comments about a person's disability. Sexual Harassment can occur between two people of the same gender.

It is every employee's responsibility to cooperate with this Policy and report violations of this Policy that they experience or witness. The Company cannot investigate and remedy harassment unless you bring it to the Company's attention. Employees who experience or witness behavior they believe to be in violation of this Policy should promptly report such behavior to:

- Your immediate supervisor
- Your supervisor's boss
- The Owner
- My HR Professionals Representative: (479) 474-7752

My HR Professionals will gather basic information, ask questions, and provide a General Intake Form for you to provide additional information in writing. Employees who violate this Workplace Harassment Policy are subject to discipline up to and including immediate termination.

Company Policy prohibits retaliation against employees who in good faith report incidents of sexual or other types of prohibited harassment, or who become involved in investigation of a harassment complaint. Any employee who believes they are being subjected to prohibited retaliation should report the matter immediately to your Supervisor, the Owner, and/or My HR Professionals.

MY HR PROS

Employee Copy

Workplace Bullying

The Company defines bullying as “repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or during employment.”

The purpose of this Policy is to communicate to all employees, including supervisors, that the Company will not tolerate bullying behavior. Employees found in violation of this Policy will be disciplined up to and including termination.

Bullying may be intentional or unintentional. However, it must be noted that where an allegation of bullying is made, the intention of the alleged bully is irrelevant and will not be given consideration when handing out discipline. As in sexual harassment, it is the effect of the behavior upon the individual that is important. The Company considers the following types of behavior examples of bullying (this is not an all-inclusive list):

- **Verbal bullying:** Slandering, ridiculing or maligning a person or their family; persistent name calling that is hurtful, insulting or humiliating; using a person as the butt of jokes; abusive and offensive remarks.
- **Physical bullying:** Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault; damage to a person’s work area or property.
- **Gesture bullying:** Nonverbal threatening gestures or glances that convey threatening messages.
- **Exclusion:** Socially or physically excluding or disregarding a person in work-related activities.

If you have any questions concerning this Policy, please contact your supervisor, the Owner, and/or My HR Professionals.

MY HR PROS

Employee Copy

On the Job Injury Policy

Step 1:

Report Accident to your Supervisor/Manager

Step 2:

Complete Employee's Notice of Injury Report Provided by your supervisor/manager. If this is not possible due to the severity of the injury, it can be completed after treatment is received. If no treatment is necessary or the injury is only minor and treated by your employer, you **MUST** still complete the appropriate form.

Step 3:

If Professional Medical Treatment is necessary, you **MUST HAVE** authorization from your supervisor before treatment. Your supervisor will direct you to the designated and approved clinic/hospital. If you do not have transportation or are unable to drive due to the severity of injury, inform your supervisor for other arrangements to be made. All work-related injuries will require a drug test at the place of treatment.

It is a Class D Felony for any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium (or who aids and abets for either of said purposes).

HIPAA Special Enrollment Notice

This notice is an explanation of special enrollment period to enroll in/cancel group insurance coverage outside of your group's annual open enrollment period.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other employer group health plan coverage, you may be able to enroll yourself and your dependents in this plan in the future if you or your dependents lose eligibility for that other group coverage (involuntary loss of coverage) or if the employer stops contributing toward your or your dependents' other group coverage. However, you must request enrollment within 30 days after your or your dependents' other coverage ends or after the employer stops contributing toward the other coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 creates two new special enrollment rights for employees and/or their dependents. In addition to the special enrollment rights set forth above, all group health plans must also permit eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment under the group health plan within 60 days of the occurrence of the following events:

1. Termination of Medicaid or State Children's Health Insurance Program (SCHIP) as a result of loss of eligibility- If you or your dependent(s) lose coverage under Medicaid or a state child health plan, you may request to enroll yourself and/or your dependent(s) in our group health plan not later than 60 days after the date coverage ends under Medicaid or the state child health plan.

2. Eligibility for state premium assistance under Medicaid or CHIP- If you and/or your dependent(s) become eligible for financial assistance from Medicaid or a state child health plan, you may request to enroll yourself and/or your dependent(s) under our group health plan, provided that your request is made not later than 60 days after the date that Medicaid or the state child health plan determines that you and/ or your dependent(s) are eligible for such financial assistance. If you and/or your dependent(s) are currently enrolled in our group health plan, you have the option of terminating your and/or your dependent's (s') enrollment in our group health plan and enroll in Medicaid or a state child health plan.

Please note that once you terminate your enrollment in our group health plan, your dependent's (s') enrollment will be also terminated.

All special enrollment requests are processed at the discretion of the insurance carrier and the insurance carrier reserves the right to approve or deny a request after review. The carrier also reserves the right to request proof of the qualifying event either at the time the special enrollment request is made or at any time thereafter.

To request special enrollment or obtain more information, please contact My HR Professionals at My HR Professionals Benefits Department P.O. BOX 6040, Van Buren, AR 72956 Phone: (479) 474-7752 or (800) 940-8706 Fax: (844) 224-0294 Email: benefits@myhrpros.com, Website: www.myhrprofessionals.com

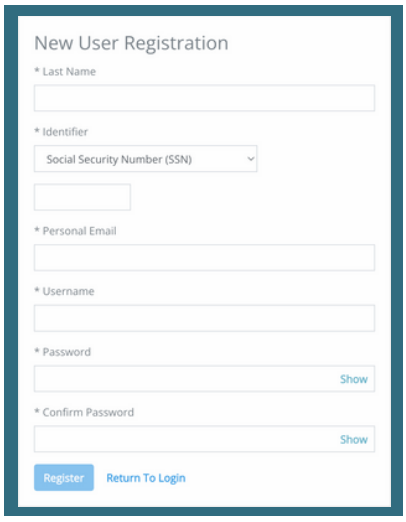
EMPLOYEE SELF SERVICE PORTAL

Access your personal information online 24/7!

Step 1: Navigate to www.myHRprofessionals.com/ESS

Step 2: For a New User, click "**Register**"

Note: If you work for two or more companies whose payroll is processed by My HR Pros, you must have an account for each employer. Please contact My HR Pros for assistance in setting up your access.



Step 3: Complete the "**User Registration**" page with your information

Your Password Must:

- Be at least 8 characters long
- Contain at least 1 uppercase letter
- Contain at least 1 lowercase letter

If you have any questions or concerns regarding the Employee Self Service Portal, please contact My HR Pros at ***(800) 940-8706*** or by email ***support@myhrpros.com.***

Now available in:

Download on the App Store

ANDROID APP ON Google play

Search for "My HR Pros" in your app store & have the Employee Self Service Portal at your fingertips 24/7!