



The Bancorp Bank Payment Solutions Group

Deposit Account Agreement

This Deposit Account Agreement, dated as of _____, is between The Bancorp Bank, with its headquarters located at 6100 S. Old Village Place, Sioux Falls, South Dakota ("Bank") and Norton City Schools, located at 4128 Cleveland-Massillon Rd Norton, Ohio ("Client"). Please ensure that this is the Legal Business Name and Address of Entity (This must coincide with the name on the IRS documentation also required)

Recitals

Client provides employee benefit plan participants the ability to access their benefit accounts electronically through a stored value card ("Card") similar to a debit card transaction. Bank is a member of Visa / MasterCard and is in the business of issuing cards and establishing accounts for the settlement of card transactions.

Client is establishing a non-interest bearing deposit account (the "Collateral Account") for the purpose of enabling Bank to settle Card transactions in a timely manner.

WEX Health and BASIC NEO (Partner) have entered into an agreement to provide Card services to employers such as Client.

Purpose

Bank and Client enter into this Deposit Account Agreement to provide the following:

- 1. The Client will have no access to the funds deposited into the Collateral Account until their return by the Bank pursuant to the terms of Paragraph 3 or 4 below.
2. The Client authorizes the Bank to use funds in the Collateral Account only for the purposes of settling Card transactions and paying fees debited from cardholders' accounts, both further limited to Cards issued to Client participants.
3. 120 days following the deactivation of all Cards associated with Client, Bank will return all remaining Client funds in the Collateral Account.
4. As collateral for the Client's obligations to the Bank, the Client hereby grants to the Bank a first priority security interest in all funds held in the Collateral Account.
5. View-only access to the Collateral Account information is granted to WEX Health and Partner for the purpose of assisting the Bank and Client in resolving any relevant banking questions that may arise.
6. Bank will provide Client monthly statements of Collateral Account activity.
7. This Agreement shall be interpreted and governed in accordance with the laws of Delaware.
8. Client agrees to fund the Collateral Account in an amount reasonably required by Bank (the "Funding Amount"), as indicated by the following table, by applying the initial collateral rate to the annual aggregate election amount that will be loaded onto the Cards. Client will maintain the Funding Amount by periodically transferring additional funds as necessary to replace amounts settled by Bank. Please select one of the following:

Table with 3 columns: Select one, Replenishment Option, Initial Collateral Rate. Rows include Daily ACH Debit (3%), Weekly ACH Debit (5%), Weekly ACH Credit (7%), and Weekly Wire (6%).

If utilizing Weekly ACH Credit or Wire replenishment, funds are required to be deposited into the Collateral Account by end of business each Tuesday for the previous Monday through Sunday settlement week.

SMALL CASE CLIENT SET UP: In the event that calculated Funding Amount (based on the annual benefit account elections) for the desired replenishment option is less than the required minimum \$2,500, the Funding Amount will be the lesser of \$500 or \$100 per participant for clients with 1-5 cardholders or the greater of \$500 or 3% for clients with 6 or more cardholders; however, the Client **must** use Daily ACH Debit replenishment.

WEEKLY REPLENISHMENT: The minimum funding for weekly replenishment is the greater of \$2,500 or the calculated amount associated with the selected replenishment option.

Client agrees that its failure to maintain the Funding Amount as required may result in Cards being suspended until the account is properly funded. If using one of the ACH Debit replenishment options, the attached Authorization for ACH Debits / Credits must be completed and returned with a copy of a voided check or spec sheet.

9. Client may request that the Funding Amount be reduced to take into account events such as a reduction in workforce resulting in a significant decrease in the number of Client's Cards. Bank will not unreasonably refuse to adjust the Funding Amount and return any difference to Client.
10. Legal Entity Type (i.e. Corporation, Limited Partnership, Partnership, Sole Proprietorship, Trust, etc.):

School - government

Please print

11. Industry Type (North American Industry Classification System (NAICS): i.e. Manufacturing, Retail, Construction, Commercial Banking, Finance and Insurance, Educational Services, Food Services, Transportation, etc.)

Educational Services

Please print

12. Additional authorized account signors, if necessary:

Signature: Stephanie Hagenbush Signature: _____

Printed Name: Stephanie Hagenbush Printed Name: _____

Title: Treasurer Title: _____

****** Please return the signed agreement with a copy of your IRS Form SS4 (EIN Assignment Letter). Agreements submitted without the documentary evidence may be delayed. ******
Additional documentation may be requested to verify business address and/or business name. You will be contacted by a Bank representative if any additional documentation is required.

The parties have executed this Agreement as of the date written above.

Client:
Signature: _____

Printed Name: Stephanie Hagenbush

Title: Treasurer

Telephone Number: 330-825-2114

Fax Number: 330-825-0863

Email Address: shagenbush@hortonschools.org

Company Tax ID Number: 34-6002061

The Bancorp Bank:
Signature: _____

Name: _____

Title: _____

Payment Solutions Group Internet Banking Enrollment Form

Note: Payment Solutions Group Client Internet Banking access is restricted to "View Only" status. With the exception of password changes for normal business purposes, no other changes may be made to the accounts listed below. Electronic monthly statements are also offered through this application; please enroll online to discontinue paper statements mailed each month.

Section A- Company Information

Company Name: Norton City Schools
Company Address: 4128 Cleveland- Massillon Rd
City: Norton
State: Oh
Zip: 44203

Section B- DDA accounts to view (to be completed by Bank).

DDA Account Number: _____ DDA Account Number: _____

Section C- Security Question:

As a default for corporate users, the Security Question used to authenticate access for password changes will reference your Tax ID number. Please list your company's Tax ID number in the space below:

Tax ID Number: 34-6002061

Section D- Please date, sign, and return this form to your Benefits Administrator to initiate Internet Banking view access – this user will be set up as the ADMIN user for the application with the ability to set up subsequent users:

Access Requested by: Stephanie Hagenbush Phone Number: 330-825-2114

E-Mail Address shagenbush@nortonschools.org

(Once the configuration has been completed, the user id and password will be e-mailed to the above.)

By signing this form, I certify that I am authorized by my company to request The Bancorp Bank Internet Banking view-only access. I also certify that any additional individuals that I, as Company Administrator, grant access to view account information will adhere to The Bancorp Bank Internet Banking Terms and Conditions of Use policy and will not disseminate or share the account password(s) with unauthorized personnel. Failure of any person(s) to adhere to The Bancorp Bank Internet Banking Terms and Conditions of Use, Privacy Policy, and Security Policy may result in Internet Banking access revocation.

Online access accounts are reviewed every month. After 6 months of inactivity on the online access account, your access will be terminated and you will need to contact your TPA to reinstate your online access.

Signature: _____

Print Name: _____

Title: _____

Date: _____