

# FUTURA CARD SERVICES PRESTIGE DEBIT CARD PROGRAM FACILITY ENROLLMENT PACKET

	software provided einafter referred	d by to as "Company") or the FCS Virtua
Terminal, to replace all inmate release check	s with a Prestige	Prepaid MasterCard.
FACILITY INFORMATION		
Facility Name		
Address		
City State		
FI 0 1		
Contact Person		
T-1		
E-mail		
Facility Beds		
Estimated Monthly Releases		
Estimated Average Account Disbursemen	t	
BANK INFORMATION		
D IN		
Addross		
7' . C . 1.		
ACH Pouting Number		
Account Number		
Is this an Inmate Fund Account Only?	Yes	No
If yes, is it bonded?	Yes	
Bond Amount		
INITIAL ORDER		
Requested Start Date		
Comments		

#### ORDER & ACKNOWLEDGEMENT

Thank you for your interest in the Prestige Prepaid MasterCard inmate release card program. Your order will be processed based upon receipt & processing of this enrollment package and in accordance with your requested start date.

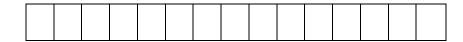
The Prestige Prepaid Debit MasterCard Card Program described herein is provided by Futura Card Services, ("FCS").

#### These are the action items necessary to begin transacting:

- 1. Enrollment documentation completed and submitted to FCS
- 2. Verification of bank information by FCS for card funding; please attach written acceptance from your bank for ACH transmittal.
- 3. Software upgrade and training, if necessary
- 4. Testing of Static IP Address
- 5. Receipt of inventory and informational handouts
- 6. Successful completion of test transaction

#### **Static IP Address**

Please provide the Facility's Static IP Address\*:



<sup>\*</sup> Each terminal performing debit card loads must have internet connection through this static IP address.

### **Training and Support**

The Prestige Prepaid Debit MasterCard Card Program allows for the replacement of all inmate release checks with a Prestige Prepaid Debit MasterCard. Your existing software shall be configured by Company to load these debit cards. After the software has been configured, please simply follow the prompts on your screen to load the debit card in place of a check.

For additional training or support please call FCS Company support.

## **Rules & Obligations**

The Prestige Prepaid Debit MasterCard Card Program is governed by both the MasterCard rules regarding the funding and distribution of these cards and Federal banking regulations concerning the same. As such your Facility is responsible for the following duties:

Accepting card stock and storing in a secured area with limited, controlled, and monitored access.

Maintaining inventory control of card stock such that Facility may provide a report of inventory on hand at any time upon written request by FCS.

### Card Funding:

- Facility must provide FCS with the Facility's bank account information and authorization for FCS to ACH funds on a daily basis to cover the previous day's card loading activity.
- Facility must ensure that there are adequate funds available in the designated bank account to cover the Facility's daily loading activity.
- Facility shall provide \$\_\_\_\_\_ as a refundable deposit into the designated FCS funding account. Funds shall remain on deposit for the duration of the facility participation in the Prestige Debit Release Program.

NOTE: Failure to have adequate funds available in the designated bank account such that FCS's daily ACH request is rejected by your bank shall give FCS the unilateral right to suspend or terminate the Prestige Prepaid MasterCard Program at your Facility.

#### **CARD REGISTRATON REQUIREMENTS**

This program requires that every card be registered to a valid United States resident. The Facility is required to provide, at a minimum, the customer's name at the time the inmate is released and the card is registered and funded. Facility must also provide any additional identifying information that they have on the inmate, such as date of birth, etc. upon Card registration and funding.

For any Card(s) in the Prestige Prepaid MasterCard Card Program where the Facility loads in excess of five hundred dollars (\$500) a government issued ID number (SSN if U.S. resident¹), home mailing address, and date of birth of the card recipient MUST be provided at the time a Card is funded by the Facility.

For each inmate given a Facility Prestige Debit MasterCard upon release, facility is required to provide inmate with a copy of the Cardholder Terms & Conditions.

Facility is required to keep a record of all Card registration information for a minimum of five (5) years following the issuance of each Card.

#### IN WITNESS WHEREOF, Agreed and Accepted by the Facility named herein

Facility Name	
<b>Authorized Signor Name</b>	
Authorized Signature	
Title	
Date	

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In the absence of a Social Security Number, the following alternative forms of identification may be permitted:

i. U.S. visa for work or study;

ii. INS-approved green card or other work permit;

iii. Mexican Matricular:

iv. Other U.S.-issued tax identification number (TIN).v. Government issued ID/Passport (U.S. or non U.S.).

Note: If the individual does not have a residence in the U.S., the jail address may be used.

## **AUTHORIZATION AGREEMENT FOR ACH DEBITS**

Facility Name: _																		
I hereby authori balance of all dat below: Financial Institu	ily Pı	restig	ge Ca	ırd L	oad a	activ	ity a	t our	Fac	ility.	The							
Routing Transit																		
Account Number																		
I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. law.  This authorization is to remain in full force and effect until Futura Card Services Card Services has received written notification from Facility of its termination, in such time and in such manner as to afford them a reasonable opportunity to act on it.																		
Facility Na		_																
Authorized	d Sig	nor l	Nam	e														
Authorized	1 Sig	natu	ire	-														
Title Date																		
BANK VERIFICA regarding the Al in writing about	TIOI CH p	N: I ermi	asse issioi	ert th	nat a	s the	e aut	hori	zed	signo	or, I	have	e no	tified	the	ban	king	

# FUTURA CARD SERVICES PRESTIGE DEBIT CARD PROGRAM APPROVAL FORM

As of 20_	the	Facility	(insert	name)					_ lo	cated	a
					is	hereby	granted	permission	by	FCS	to
participate in the Pres	stige Pre	paid Mast	erCard (	Card Pro	gra	m.					
<b>Approved By</b>											
Signature											
Title									_		
Date									_		