



**FUTURA CARD SERVICES
PRESTIGE DEBIT CARD PROGRAM
FACILITY ENROLLMENT PACKET**

Please complete the attached forms to enroll in the Prestige prepaid debit card program. This enables you to use your existing accounting software provided by _____ (hereinafter referred to as "Company") or the FCS Virtual Terminal, to replace all inmate release checks with a Prestige Prepaid MasterCard.

FACILITY INFORMATION

Facility Name _____
Address _____
City _____ State _____
Zip Code _____
Contact Person _____
Telephone _____
E-mail _____
Facility Beds _____
Estimated Monthly Releases _____
Estimated Average Account Disbursement _____

BANK INFORMATION

Bank Name _____
Address _____
City _____ State _____
Zip Code _____
ACH Routing Number _____
Account Number _____
Is this an Inmate Fund Account Only? Yes _____ No _____
If yes, is it bonded? Yes _____ No _____
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*:

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* 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 _____

Authorized Signor Name _____

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 authorize Futura Card Services Card Services to initiate a DAILY ACH debit entry for the entire balance of all daily Prestige Card Load activity at our Facility. The ACH shall be from the bank account below:

Financial Institution Name: _____

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 Name _____

Authorized Signor Name _____

Authorized Signature _____

Title _____

Date _____

BANK VERIFICATION: I assert that as the authorized signor, I have notified the banking institution regarding the ACH permission. I have informed _____ (bank representative) in writing about this matter.

**FUTURA CARD SERVICES
PRESTIGE DEBIT CARD PROGRAM
APPROVAL FORM**

As of _____ 20____ the Facility (insert name) _____ located at
_____ is hereby granted permission by FCS to
participate in the Prestige Prepaid MasterCard Card Program.

Approved By _____
Signature _____
Title _____
Date _____