



MERCHANT PROCESSING APPLICATION AND AGREEMENT

COMPLETE SECTIONS (1-9)

Merchant #: PCS2408 Loc. 1 of 1

(1) TELL US ABOUT YOUR BUSINESS

Form section for business details including Client's Business Name, Business Address, Billing Address, City, State, Zip, Location Phone, Location Fax, Customer Service Number, Contact Name, Business E-mail Address, Contact Phone, Fax, Business Website Address, Contact E-Mail Address, Send Retrieval Requests, Statement Type, Statement Delivery Method, Billing to be processed.

\*If your business is classified as High Risk and assigned (or is later assigned based upon your business activity) any of the following Merchant Category Codes (MCC): 5966, 5967, and 7841\*, the registration is required with Visa and/or Mastercard within 30 days from when your account becomes active.

(2) MC / VISA / DISCOVER NETWORK FULL SERVICE / AMERICAN EXPRESS OPTBLUE

Form section for card processing volume: Total Monthly Card Volume, Estimated Average Ticket / Sales Amount, Estimated High Ticket Amount.

(3) ENTITLEMENTS

Form section for entitlements including MC/Visa/Discover Full Processing, Amex - Existing Direct SE#, American Express Cap #, Discover - Existing Retained SE #, Non-Lic. JCB (EDC) - Existing Account #, PIN Debit, EBT FNS # (XREF), EBT Cash, WEX Full Acquiring, WEX Non-Full Svc, WEX Crossroads, Voyager, Tax exempt Voyager, MC Fleet, Fuelman ID.

(4) PROVIDE MORE BUSINESS DATA

Form section for business data including State Incorp., Month/Year Started, Sole Ownership, Partnership, Non Profit/Tax Exempt, Public Corp., Private Corp., L.L.C., Gov't., Check one: TIN TYPE, EIN (Fed Tax ID #), SSN, D&B #, NOTE: Failure to provide accurate information may result in a withholding of merchant funding per IRS regulations.

Form section for equipment details including Mag Swipe, Keyed Manually, Product/Services You Sell, Card Present, MAG Swipe and/or Manual Imprint, Mail Order/Direct Marketing, Phone Order, Internet, Does your business offer products and/or services to customers through a mobile application?, Do you use any third party to store, process or transmit cardholder data?, Return Policy, Will transactions be in currencies other than the U.S. Dollar (USD)?, Previous Processor, Your Previous Merchant #, Check Reason for Changing.

(5) DESCRIBE EQUIPMENT DETAILS

Form section for equipment details including Network, CARDnet, Nashville, Bypass, Other, Specify Security Code, QTY, IP, Equipment Type, Model Code and Name, Reprogram/New Deployment, Deployment Instructions, Profile Type, Instructions, VAR/Internet/Software.

PLEASE SEND COMPLETED INFORMATION TO: Phone: 877.251.0778 \* FAX: 775.782.7572

Impact PaySystems is a registered ISO of Wells Fargo Bank, N.A., Concord CA

PCS2408	<b>(6) PROVIDE YOUR OWNER INFORMATION</b>					PCS2408
Provide the following information for each individual who owns, directly or indirectly, 25% or more of the equity interest of your business, or who otherwise has significant responsibility to control, manage, or direct your business.						
Owner/Partner/Officer Name:		D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership:
Dan Stone		08/30/1953	587-70-5069	601-656-2621	Owner	100
Home Address:		City:	State:	Zip:	Owner's E-Mail Address: <i>(Required for Click to Agree)</i>	
11461 hwy 395		Philidelphia	MS	39350	StoneCC06@yahoo.com	
Owner/Partner/Officer Name:		D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership:
Home Address:		City:	State:	Zip:	Owner's E-Mail Address: <i>(Required for Click to Agree)</i>	
Owner/Partner/Officer Name:		D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership:
Home Address:		City:	State:	Zip:	Owner's E-Mail Address: <i>(Required for Click to Agree)</i>	
Owner/Partner/Officer Name:		D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership:
Home Address:		City:	State:	Zip:	Owner's E-Mail Address: <i>(Required for Click to Agree)</i>	
Controlling Position:		D.O.B:	Social Security #:	Home Phone:	Title:	% of Ownership:
Dan Stone		08/30/1953	587-70-5069	601-656-2621	Owner	100
Home Address:		City:	State:	Zip:	Owner's E-Mail Address: <i>(Required for Click to Agree)</i>	
11461 hwy 395		Philidelphia	MS	39350	StoneCC06@yahoo.com	

**(7) FLAT RATE / IC PLUS / TIER PRICING SCHEDULE**

Start-Up Fees <i>(One-Time Charge)</i>	Authorization and AVS Fees	Other Fees
<b>Non-Taxable Fees:</b>	<b>MC Auth Fee</b> (030, 031, 032, 033, 034, 03R, 03V, 03W, 03X, 03Y) \$ _____	<b>Early Termination Fee</b> \$ _____
<b>Application Fee <i>(Non-Refundable)</i></b> (32I) \$ _____	<b>Visa Auth Fee</b> (040, 041, 042, 043, 044, 04R, 04V, 04W, 04X, 04Y) \$ _____	<b>Annual Membership Fee</b> (294) \$ _____
<b>Account Validation Fee</b> (182) \$ _____ <i>(One-time fee charged at time of boarding)</i>	<b>Discover Auth Fee</b> (070, 071, 072, 073, 074, 07I, 07V, 07W, 07X, 07Y) (080, 081, 082, 083, 084, 08V, 08W, 08X, 08Y) \$ _____	<b>Chargeback Fee</b> (ZZ9) \$ 20.00
<b>Reprogramming Fee</b> (31A) \$ _____	<b>Amex Auth Fee</b> (060, 061, 062, 063, 064, 06I, 06V, 06W, 06X, 06Y) \$ _____	<b>Retrieval Fee</b> (285) \$ 15.00
<b>Debit Set-up Fee</b> (31B) \$ _____	<b>MC/Visa/Discover/Amex Voice AVS</b> (039, 049, 069, 079, 03A, 04A, 06A, 07A) \$ _____	<b>Batch Settlement Fee</b> (227) \$ _____
<b>Billed Monthly Fees</b>	<b>MC/Visa/Discover/Amex Voice Auth Fee/VRU</b> (035, 036, 037, 045, 046, 047, 065, 066, 067, 075, 076, 077) \$ _____	<b>EBT Purchase/Return/Decline (029,20Y,02X)</b> \$ _____
<b>Monthly Service Fee</b> (335) \$ _____	<b>AVS Fee</b> (405, 406, 407, 408, 435, 07B, 07C, 03B, 03C, 04B, 04C, 06B, 06C) \$ _____	<b>Visa/MC/Disc Access Fee (241, 197, 526)</b> \$ _____
<b>Minimum Processing Fee</b> (953) \$ 0.00	<b>Fleet Card Fees</b>	<b>Visa Ntwk Acq Proc Fee US Cr (04H)</b> \$ _____
<b>Wireless Access Fee Per TID</b> (60J) \$ _____	<b>Authorization Fees</b>	<b>Visa Ntwk Acq Proc Fee US DB/PP (04J)</b> \$ _____
<b>Monthly ClientLine® Fee</b> (32R) \$ _____	<b>Voyager (0D0, 0D1, 0DV)</b> \$ _____	<b>NABU Fee (60M, 0B4)</b> \$ _____
<b>eIDS Monthly Fee</b> (29E) \$ _____	<b>WEX (0D4)</b> \$ _____	<b>ACH Reject Fee (401)</b> \$ 25.00
<b>Regulatory Product Fee</b> (35I) \$ _____	<b>Fuelman (0B3)</b> \$ _____	<b>Non Return of Equipment Fee</b> \$ _____
<b>Monthly Statement Fee</b> (323) \$ 10.00	<b>Other Payment Fees</b>	<b>Product Fees</b>
<b>TIN/TFN Blank or Invalid Fee <i>(as applicable)</i></b> (18I) \$ _____	<b>Voyager</b>	<b>TransArmor Monthly Fee (30L)</b> \$ _____
<b>Merchant Supply Advantage</b> (413) \$ _____	<b>Sales Discount Fee (766)</b> _____	<b>TransArmor Trans Fee (12E)</b> \$ _____
<b>Network Access Fee - Debit</b> (420) \$ 0.00	<b>Wright Express</b>	<b>Mobile Pay Monthly Fee (472)</b> \$ _____
<b>Monthly Advantage Fee</b> (158) _____ %	<b>Sales Discount Fee (840, 841, 842, 843)</b> _____	<b>Monthly Gateway Support Fee (417)</b> \$ _____
<b>Misc. Fee:</b> _____ ( ) \$ _____	<b>Datawire Micronode</b>	<b>**Visa/MC CCIS Enrollment <input type="checkbox"/> (63V, 63M)</b> _____
<b>Enhanced Security Package</b>	<b>1400 Monthly Fee <i>(each)</i></b> (354) _____	<b>Premium Equipment SVC (32U)</b> \$ _____
<b>Enhanced Security Pkg Monthly* ( ) \$ 10.00</b>		
<b>OR</b>		
<b>Enhanced Security Pkg Annual* ( ) \$ _____</b>		

In addition, the card brands (Visa, Mastercard, American Express, Discover, etc.) may charge various additional fees under certain circumstances, which are referred to as "pass through fees" because, if charged, are passed through by us to the Merchant. Pass-through fees may include, by way of example only, verification fees, authorization fees, international transaction fees, return fees, and data usage fees, among others.

\*\* Commercial Card Interchange Service ("CCIS"). With CCIS, when transactions don't include any tax information, your sales tax will be computed based on the applicable rate at your location to allow you to obtain the best interchange. When the sales tax is computed on your behalf under CCIS, we will retain 50% of the interchange savings. If a transaction is fully or partially exempt, you should enter the tax amount (even if that amount is \$0.0) as CCIS applies your local tax rate to the full amount of the transaction when the prompt is bypassed.

■ **Pass Through Interchange - Includes Dues and Assessments.** You will be charged the applicable interchange rate from Mastercard, Visa, or Discover plus a Mastercard Assessment Fee (273) of .13% a Visa Assessment Fee (274) of .13%, Visa Assessment Fee CR (27L) of .14% or a Discover Assessment Fee (234) of .14%, or a PayPal Assessment Fee (45H) of .10%, plus any other fees indicated on this Service Fee Schedule. (Mastercard Assessment Fee (237) when transaction is equal to \$1,000 or more will be assessed an additional .01% per transaction). American Express Network Fee (28) of .16%. American Express has Program Pricing and not Interchange and are subject to change.

Sales Credit & Non-PIN Debit Transaction Fee	Discount <i>(Based on Gross Sales Vol.)</i>	Discount <i>(Based on Gross Sales Vol.)</i>	Discount <i>(Based on Gross Sales Vol.)</i>	Discount <i>(Based on Gross Sales Vol.)</i>	Discount <i>(Based on Gross Sales Vol.)</i>
\$ 0.100 (001, 002, 005, 006, 015, 016, 130, 131, 134, 135, 787, 788)	MC Qual Credit (800) 0.400 %	Visa Qual Credit (804) 0.400 %	Discover Qual Credit (170) 0.400 %	American Express Qual Credit (164) 0.400 %	
American Express Sales Credit Transaction Fee (013, 014) \$ 0.100	MC Qual Non PIN Debit (850) 0.400 %	Visa Qual Non PIN Debit (854) 0.400 %	Discover Qual Non PIN Debit (964) 0.400 %	American Express Program Cost (3AL) _____ %	
<b>Unbundled PIN Debit - Txn Fee (018) \$ 0.150</b>	<b>Unbundled PIN Debit Discount Fee (Key 190) 0.000 % <i>(plus the applicable network fees)</i></b>		<b>PIN Debit Decline Transaction Fee (42R) \$ _____</b>		

DBA Name: Hospital Discount Drugs

Loc. \_\_\_\_\_ of \_\_\_\_\_

Table with columns: Discount Fee, Transaction Fee, Discount Fee, Transaction Fee. Rows include MC Qualified Credit, MC Mid-Qualified Credit, MC Non-Qualified Credit, etc.

Table with columns: Discount Fee, Transaction Fee, Discount Fee, Transaction Fee. Rows include MC Qual Credit, MC Qual Non-PIN Debit, Visa Qual Credit, etc.

Non-Qualified Surcharge Fee (excluding interchange pass-through fees, see Section 19.1) Applies to Non-qualified MC, Visa & Discover Credit and/or Non-PIN Debit Transactions. (30D) \_\_\_\_\_%

Discount Fees (Based On Gross Sales Volume)
Accept all Mastercard, Visa, Discover - PayPal, and American Express OptBlue® Transactions (presumed, unless any selections below are checked)
Mastercard Acceptance, Visa Acceptance, Discover Acceptance, American Express OptBlue® Acceptance

You are responsible for distinguishing Credit from Non-PIN Debit Cards. Even if you have agreed to limit your acceptance of certain cards as outlined above, you must continue to accept all foreign issued cards, whether Credit or Non-PIN Debit.

BANKING INFORMATION

Bank Name: CADENCE BANK, N.A. Phone Number:
Routing Number: 062206295 DDA: 5100789

(8) AGREEMENT APPROVAL

The statements made in this Merchant Processing Application and Agreement are true. Client acknowledges having received and read a copy of the Program Guide (which includes terms and conditions for each of the services, the Your Payments Acceptance Guide, Third Party Agreements and a Confirmation Page), and Merchant Processing Application (consisting of Sections 1-10) as modified from time to time in accordance with the provisions of this Agreement, and agrees to be bound by all provisions as printed therein.

Client's Business Principal/Officer: Dan Stone
Signature X [Signature] Title Owner
Print Name of Signer Stone Date 3/8/2022
Signature X [Signature] Title
Print Name of Signer Date
Signature X [Signature] Title
Print Name of Signer Date

PROCESSOR: For Paysafe Payment Processing Solutions, LLC dba Petroleum Card Services
Signature X [Signature] Title:
Printed Name: Date:
BANK: Wells Fargo Bank, N.A. (a member of Visa USA, Inc. and Mastercard International, Inc.)
By: First Data Merchant Services LLC, pursuant to a limited power of attorney
Signature X [Signature] Title:
Printed Name: Date:

(10) PERSONAL GUARANTY

In exchange for Petroleum Card Services and Wells Fargo Bank, N.A.'s (a member of Visa USA, Inc. and Mastercard International, Inc.) acceptance of the agreement, the undersigned unconditionally guarantees performance of the Client's obligations under the Agreement, and payment of all sums due there under, and in the event of default, hereby waives notice of default and agrees to indemnify the other parties for any and all amounts due from Client under the Agreement.

Signature (Please sign below): Dan Stone, an individual
Signature (Please sign below): [Signature], an individual

PCS2408

CONFIRMATION PAGE

PROCESSOR Name: Paysafe Payment Processing Solutions, LLC dba Petroleum Card ServicesINFORMATION: Address: 2243 Park Place, Suite C, Minden, NV 89423URL: www.pcspayments.comCustomer Service #: 1-866-427-7297

Please read the Program Guide in its entirety. It describes the Terms and under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are the most commonly asked.

- Your Discount Rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa, Discover and PayPal. Any transactions that fail to qualify for these reduced rates will be charged and additional fee (See sections 26 of the Program Guide).
- We may debit your bank account** (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
- There are many reasons why a Chargeback may occur.** When they occur, we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 15 of the Your Payments Acceptance Guide or see the applicable provisions of the TeleCheck Solutions Agreement.
- In consideration of the Services** provided by us, you shall be charged, and hereby agree to pay us any and all fees set forth in this Agreement (for the purpose of clarity, this includes the Application and any additional pricing supplements or subsequent communications), all of which shall be calculated and payable pursuant to the terms of this Agreement and any additional pricing supplements or subsequent communications. If you dispute any charge or funding, you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 day of the date of a TeleCheck transaction.
- The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 28,38.3 and 40.10 of the Card General Terms; or Section 18 of the TeleCheck Solutions Agreement.
- We have assumed certain risk** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 31, Term; Events of Default and Section 32, Reserve Account; Security Interest), (see TeleCheck Solutions Agreement in Section 7), under certain circumstances.
- By executing this Agreement with us** you are authorizing us and our Affiliates to obtain financial and credit information regarding your business and the signers and guarantors of the Agreement until all your obligations to us and our Affiliates are satisfied.
- The Agreement contains a provision** that in the event you terminate the Agreement prior to the expiration of your initial (3) years term, you will be responsible for the payment of an early terminal fee as set forth in Part IV, A.3 under "Additional Fee Information: and section 17.2 of the TeleCheck Solutions Agreement

### 9. Card Organization Disclosure

#### Visa and MasterCard Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is P.O. Box 6079, Concord, CA 94524, and its phone number is 1-844-284-6834.

#### Important Member Bank Responsibilities:

- The Bank is the only entity approved to the extend acceptance of Visa and Mastercard products directly to a merchant.
- The Bank must be a principal (signer) to the Agreement.
- The Bank is responsible for educating merchants on pertinent Visa and MasterCard rules with which merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the merchant.
- The Bank is responsible for all funds held in reserve that are diverted from settlement.
- The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however, Processor also will assist you with any such problems).

#### Important Merchant Responsibilities:

- Ensure compliance with Cardholder data security and storage requirements.
- Maintain fraud and Chargebacks below Card Organization thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with the Card Organization Rules and acceptable law and regulations.
- Retain a signed copy of this Disclosure Page.
- You may download "Visa Regulations" from Visa's website at: <https://usa.visa.com/dam/VCOM/download/about-visa/visa-rules-public.pdf>
- You may download "MasterCard regulations" for MasterCard's website at: [www.mastercard.us/content/dam/mccom/global/documents/mastercard-rules.pdf](http://www.mastercard.us/content/dam/mccom/global/documents/mastercard-rules.pdf).
- You may download "American Express Merchant Operating Guide" from American Express' website at: [www.americanexpress.com/us/merchant](http://www.americanexpress.com/us/merchant)

Print Clients Business Legal Name: Hospital Discount Pharmacy Inc

By its signature below, Client acknowledges that it has received the Merchant Processing Application, Program Terms and Conditions (version PCS 2408) consisting of 44 pages including this Confirmation Page and the applicable Third Party Agreement(s). Interchange Qualification Matrix, American Express Program Pricing, and Interchange Schedule.

Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

**NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.**

Client's Business Principal:

Signature (please sign below)

x Dan Stone

Dan BA08B4DA9E8047A...

Stone

Title: Owner

Date: Signature\_Date\_Merchant

3/8/2022

Please Print Name of Signer

**Certificate Of Completion**

Envelope Id: 2EEA123EB4CE4F2ABE8E41ECF9DE66D3	Status: Completed
Subject: Please DocuSign: Impact PaySystem Merchant Application	
Source Envelope:	
Document Pages: 4	Signatures: 3
Certificate Pages: 4	Initials: 3
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Morgan Withee
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	1164 Vickery Lane
	Suite 200
	Cordova, TN 38016
	registration@impactpays.net
	IP Address: 173.166.215.126

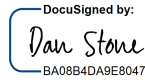
**Record Tracking**

Status: Original	Holder: Morgan Withee	Location: DocuSign
2/24/2022 11:33:11 AM	registration@impactpays.net	

**Signer Events**

Dan Stone  
 StoneCC06@yahoo.com  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
 BA08B4DA9E8047A...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 12.250.70.66

**Timestamp**

Sent: 2/24/2022 11:46:59 AM  
 Resent: 2/28/2022 11:06:34 AM  
 Viewed: 3/8/2022 1:22:26 PM  
 Signed: 3/8/2022 1:23:18 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 2/24/2022 2:12:44 PM  
 ID: c87ea858-c7df-4e09-925a-04bb690e80a7

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

**Witness Events**

**Signature**

**Timestamp**

**Notary Events**

**Signature**

**Timestamp**

**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent	Hashed/Encrypted	2/24/2022 11:46:59 AM
Certified Delivered	Security Checked	3/8/2022 1:22:26 PM
Signing Complete	Security Checked	3/8/2022 1:23:18 PM
Completed	Security Checked	3/8/2022 1:23:18 PM

**Payment Events**

**Status**

**Timestamps**

**Electronic Record and Signature Disclosure**



## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Impact PaySystem (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Impact PaySystem:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [morgan@impactpays.com](mailto:morgan@impactpays.com)

### **To advise Impact PaySystem of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [morgan@impactpays.com](mailto:morgan@impactpays.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from Impact PaySystem**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [morgan@impactpays.com](mailto:morgan@impactpays.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with Impact PaySystem**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [morgan@impactpays.com](mailto:morgan@impactpays.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Impact PaySystem as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Impact PaySystem during the course of your relationship with Impact PaySystem.