

**Visiting Angels Disbursement Card Program**

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| **Product Description:**  |
| TransCard’s Corporate Disbursement Program allows you to shift the bulk of payment administration into the hands of Caregivers. The Visiting Angels Disbursement Program displaces the current process of paying for purchases with checks. It utilizes a general purpose reloadable card that can be used anywhere Mastercard® debit is accepted. **Key Points**1) One-time setup fee per franchise of $150.002) Monthly Service fee per franchise of $353) Monthly revenue share opportunity per franchise4) Visiting Angels branded Card cost is $4.95 5) Optional restrictions can be placed on Card limiting where it can be used |
| **Program Pricing** |
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| ***Maintenance Fees*** | ***Fee*** | ***Fee Description*** |
| Activation Fee | $0 | No charge |
| ***Transaction Fees*** |
| Point of Sale PIN Transaction(Domestic or International) | Free | No charge |
| Point of Sales Signature Transaction (Domestic orInternational) | Free | No charge |
| ***Requested Service Fees*** |
| Customer Service | Free | No charge |
| Web Access Cardholder Portal | Free | No charge |
| Paynuver App Access | Free | No charge |
| SMS / Email Alerts | Free | No charge |
| Balance Inquiry VRU | Free | No charge |
| Card Replacement | $8.00 | Charge for replacement card, i.e. Lost,Stolen, etc. |
| Card Replacement - Express | $30.00 | Express Shipping through FedEx. |

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| ***Transaction Description*** | ***Amount*** |
| Load Amount | $750.00 |
| Card Balance | $750.00 |
| POS Daily Limit | $750.00 |

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By signing below, you are agreeing to the Corporate Disbursement Program offering detailed in this package. Please review the materials and confirm your acknowledgment and agreement of the detailed program. Once a signature is received, TransCard will initiate the program set-up via your designated Client Manager and Program Success Manager.

**Client:**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_