

Dayforce Wallet

Dayforce Prepaid Mastercard® Parent/Guardian Consent

Last Updated: April 8, 2022

I certify I am the legally competent parent or legal guardian of (Minor First /Last Name) _____ who is currently under the age of legal consent (“Minor”). I certify I have full power and authority to sign this Consent. Minor has selected the Dayforce Wallet Program, which consists of the Dayforce Prepaid Mastercard® (the Card) and the Dayforce Wallet Mobile App (collectively, the “Program”) to receive wages from his/her current employer (the “Employer”).

On behalf of myself and Minor:

- I acknowledge the Employer may offer other methods of pay, including cash or check, and enrollment in the Program is voluntary.
- I enroll Minor in the Program, consent to Employer's payment of wages to Minor on the Card, and understand that Minor will be the registered cardholder, in each case subject to the terms of the Program Documents.
- I agree to the terms of the Program Documents and that use of the Card is subject to those terms.
- I agree to the provision and use of (whether by the Employer or Minor) any necessary forms of identification to Central Bank of Kansas City (the “Bank”) for purposes of establishing the account related to the Program as further set forth in the Program Documents.
- This Consent will remain effective, and Minor will receive wages under the Program (or any successor program), from the date on the bottom of this Consent until the earlier of such time that Minor is no longer employed by the Employer, or I revoke this Consent in writing provided to Ceridian HCM, Inc. at alert@central-payments.com.

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- Please review the legal documents associated with the Program:
 - [Electronic Communications \("ESIGN"\) Agreement](#)
 - [Cardholder Agreement, Fee Schedule, and Privacy Policy](#)
 - [Employee Wage Consent Form](#)
 - [Dayforce Wallet Legal Terms and Conditions](#)
- Acknowledgement of Receipt of Program Documents. Parent/Guardian hereby acknowledges and confirms receipt of and represents and warrants to Ceridian and CBKC that Parent/Guardian has read and fully understands Program Documents prior to executing this Agreement.

This Consent shall inure to the benefit of and shall be enforceable by the Bank, Ceridian HCM, Inc., and Employer.

Parent/Guardian Name: _____

Parent/Guardian Phone Number _____

Parent/Guardian Address: _____

By checking the box below, I hereby consent to the Minor's use of the program as set forth in this Consent.

Parent/Guardian Consent: _____

Date of Consent: _____

The Dayforce Prepaid Mastercard® is issued by Central Bank of Kansas City, Member FDIC, pursuant to a license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Certain fees, terms, and conditions are associated with the approval, maintenance, and use of the Card. You should consult the cardholder agreement and fee schedule presented above. If you have any questions regarding the Card or such fees, terms, and conditions, you can contact us toll-free at 1-877-723-7434.

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