



Membership Agreement Date: _____ **Assigned Member#:** _____
[For In-office Use Only]

THIS MEMBERSHIP AGREEMENT ('AGREEMENT') is for
"Payment Protection" Services and is between:
Paycare Scholar! Program / ADRC (Parent Company)
5605 Hilltop Rd.
Jamestown, North Carolina 27282
P: 336.897.3008 / 336.553.1670 F: 336.852.8333
and

Facility Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

hereinafter, called the "The Parties." The Parties agree to respect the integrity and tangible value of this Agreement between them.

THIS AGREEMENT is for a term of one (1) year(s) and annually renews from the date of execution and is to be applied to any and all transactions present and future, throughout the 1-year, renewable contract period.

Membership Type:

Paycare Scholar! (Paid Direct-to-Facility) _____





PayCare Scholar!

Whereas, _____ facility agrees to the following Paycare Scholar! Program fee schedule for this individual facility site:

\$300.00 Paycare Mbrshp [* 1 st Year Rq'd with 1 st 'Pay Incentive']	_____ (initials)
\$1700.00 Annual Mbrshp [auto-renew or 30-day written notice]	_____ (initials)
10% Recovered Parent Fees [withheld from recovered fees]	_____ (initials)
10% Current Parent Fees [withheld from Pay incentives]	_____ (initials)
Free "Parent's Promise" Plan input	_____ (initials)
Free Membership Window Decal	_____ (initials)

Services and Fees Schedule List:

*Includes all Paycare benefits (+) **Paycare Scholar!** Pay incentives made to your facility

R'qd Paycare Yr-2 Membership (automatic renewal)	(\$300.00 Per Year, Per Site , Up-front)
Scholar! payments paid directly to your facility	(\$1700 Mbrshp/Site; Not out-of-pocket Paid via "Hold-back"
Parents' past unpaid fees paid to your facility	(10% of amount returned; Not out-of-pocket)
Parents' current unpaid fees paid to your facility	(10% of Pay incentives; Not out-of-pocket)
Membership Window Decal	Free
"Parent's Promise Plan" input	Free ; Facility expectations from parents
'Pay incentives'	Paid to Facility, up-front, for parents
STARTER 'Pay incentives'	Paid to Facility in monthly payments

As agreed above, No up-front payment is required in the initial membership year. **Paycare Scholar!** Membership begins upon receipt of a signed Member Agreement, State/Business License and company 'voided' check or debit card copy. Fee of **(\$300.00)**, **(Three-Hundred)** dollars, due upon processing the facility-member's 1st





‘Pay Incentive’ via account draft. **Paycare Scholar!** Will be paid via “hold-back” (50% held out of Pay incentives sent to your facility, credited to pay the annual Paycare PLUS membership fee) and **not** out-of-pocket.

Once we receive this Agreement and the State License and ‘Void’ check, our office will then assign your facility’s Membership number and your facility may begin receiving Pay incentives on behalf of parents, for their child(ren).

Paycare Scholar! Program values confidentiality and commits to keep all member records and submissions confidential and secure. The Parties agree to keep confidential any Paycare Scholar! Program processes, the information of all contacts introduced or revealed to the other Party. Information will solely be used for the purposes of this Agreement. No other use is allowable unless agreed in writing by both Parties.

The Parties will construe THIS AGREEMENT in accordance with the laws of the State of **(North Carolina)**, County of **(Guilford)**. Any disagreement shall be settled by mediation between the two Parties. If any provision of this agreement is found to be void during mediation, the remaining provisions will remain in force and effect.

Any suspected or tracked abuse will result in revoked membership and forfeit of fees previously paid.

THIS AGREEMENT contains the entire understanding between the Parties and any waiver, amendment or modification to THIS AGREEMENT will be subject to the above conditions and must be attached hereto. Both Parties may give a 30-day written cancellation notice prior to the anniversary, automatic-renewal date.

A facsimile copy of this Agreement shall constitute a legal and binding instrument. By setting forth my hand below I warrant that I have complete authority to enter into THIS AGREEMENT:





Authorized Facility/University Signature

Date

Authorized Facility/University Printed Name

Authorized Paycare Scholar! Program Signature

Date

Authorized Paycare Scholar! Program Printed Name

Paycare Scholar! Membership Section:

*You may have completed this form online; However, we must have your signed membership agreement.

Facility Name: _____

Facility Address: _____

Facility Contact: _____ Facility Ph#: _____

Contact Title: _____ Facility Fx#: _____

Facility website: _____

Facility Type: ___School ___Community College ___College/University ___Other

Any additional facilities that you want to join Paycare Program (*Rq'd \$300 each):





Facility Name: _____

Facility Address: _____

Facility Contact: _____ Facility Ph#: _____

Contact Title: _____ Facility Fx#: _____

Facility Type: ___ School ___ Community College ___ College/University ___ Other

***separate membership numbers will be provided for additional facilities**

New-Member Instructions:

Step #1: Return the enclosed Paycare PLUS Membership Agreement (with void check/debit card copy and State License copy)

Step #2: To Request a 'Pay incentive':
www.paycareprogram.org; Click 'Refer a Parent Pay Incentive' tab (enter information)

Step #3: Provide input for "Parent's Promise" Plans; Call and/or Complete and sign the Parent Referral Slip to Refer Parents you currently work with who need assistance paying fees to your facility.

Built-In Paycare Benefits:

Step #4: To Inquire of a Parent's Past Payment History:
www.paycareprogram.org; Click 'Members' tab; Click 'Pmt History Inquiry' tab
(enter the information)

Step #5: To Report **Parents** who have **not paid your facility in the past:**
www.paycareprogram.org; Click 'Members' tab; Click 'Submit Unpaid Pmts' tab
(enter the information)

Our office will contact parents you've submitted into our 'Submit Unpaid Pmts' tab; We will partner with them have the payment processed to pay your facility; You never pay out-of-pocket as we simply process the past-due payment to you, minus a 10% fee.

Step #6: To Obtain a Line of Credit **OR** "OAN" 15-day funding for your facility, Call our office.





PAYCARE SCHOLAR! PARENT REFERRAL SLIP

School/Facility Name: _____

Director/Chancellor Name: _____ Member# _____

Facility/School Address: _____

Facility/School Phone#: _____ Email: _____

Mr(s). _____ is requesting a Pay incentive

In the amount of \$ _____; Reason/Purpose: _____

Parent's Phone#: _____

"Parent's Promise" Request(Optional): _____

For the benefit of: _____

(Student's Full Name)

(Student's Date of Birth)

*Our Facility understands while Pay incentives are to be paid up-front for Parents, 'Starter' Program
Pay incentives will be paid in monthly payments*

AUTHORIZED FACILITY SIGNATURE: _____ Date: _____

Title: _____

I do understand that this Pay incentive will be made for me once my membership is established; My information is verified; And I review, agree to and sign my "Parent's Promise" Plan. My associated fees will be paid via electronic draft from my checking account.

I agree to submit a complete membership agreement, picture ID copy, most recent paystub and bank statement (all pages), and copy of a 'void' check/debit card for information verification by Paycare Scholar! Program.

Parent's Signature: _____ Date: _____

