

**EARNED WAGE ACCESS SERVICES PROVIDER
SPECIAL DEPOSIT BOND
STATE OF SOUTH CAROLINA**

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS, that the undersigned _____ as
principal of _____ and the undersigned _____ as
authorized by surety _____ are firmly held and bound unto the State of South Carolina in full and just
sum of \$30,000 dollars, to which payment we bind ourselves and our respective successors and assigns jointly and severally.

Sealed with our seals and dated at _____ this _____ day of _____ in the year
of our Lord two thousand and _____.

WHEREAS, Section 39-5-830(5) of the Code of Laws of South Carolina, requires that an earned wage access services provider deposit and thereafter continuously maintain a bond in the amount of \$30,000 dollars. The bond is to be executed by a surety company authorized by the laws of this State to transact business in South Carolina and must be for the use of the State as well as any consumers, who have a cause of action against the earned wage access services provider.

AND WHEREAS, the _____ aforesaid, desires to transact business within the State of South Carolina in accordance with the terms of its laws and to deposit with the Administrator of the South Carolina Department of Consumer Affairs a good and solvent bond in the sum of \$ _____ dollars, does by this instrument furnish that bond.

NOW THEREFORE, the condition of this bond is such that if the above principal has failed to comply with the Earned Wage Access Services Act, S.C. Code § 39-5-810 et seq., or has failed to provide contracted earned wage access services to consumers as determined by the Administrator after notice and opportunity for hearing, then we the Beneficiary (State of South Carolina) are entitled to the sum of \$30,000.

PROVIDED, HOWEVER, that liability hereunder may be terminated either (a) by written notice from the surety to the Administrator that liability shall terminate upon the expiration of forty-five (45) days from the date of such notice, or (b) upon written authorization mailed to the surety by the Administrator. Provided, however, such notice shall not affect any liability arising prior to the effective date of cancellation of this surety bond; and, the Principal and Surety shall be and remain liable for a period of three (3) years from the date of revocation, denial, or failure to renew the Principal's registration under the Earned Wage Access Services Act, S.C. Code § 39-5-810 et seq.

IN WITNESS whereof the principal and surety have set their hands and affixed their seals in the manner and form following:

Name of Principal:

By: _____
President (Officer)

In Presence of Witnesses as to Principal:
(1) _____
(2) _____

Name of Surety:

By: _____
President (Officer)

In Presence of Witnesses as to Surety:
(1) _____
(2) _____

EXECUTION BY PRINCIPAL AND SURETY MUST BE PROBATED ON REVERSE SIDE

WITNESS AS TO PRINCIPAL

STATE OF _____,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____ and made oath
Print Witness number one name (see front of bond)
that he/she saw the within named _____ (Company) represented by _____ sign, seal,
and deliver the within Bond and that he/she with _____ subscribed their names as witnesses thereto.
Print Witness number two name (see front of bond)

Sworn to and subscribed before me this

_____ day of _____

A.D., 20_____.

To be signed by Witness one or two (see front of bond)

(L.S.)
Notary Public

WITNESS AS TO SURETY

STATE OF _____,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____ (First Witness)
and made oath that he/she saw the within named _____ Company represented by _____ sign, seal, and
deliver the within Bond and
that he/she with _____ (Second Witness) subscribed their names as witnesses thereto.

Sworn to and subscribed before me this

_____ day of _____ A.D.,

20_____.

To be signed by Witness one or two (see front of bond)

(L.S.)
Notary Public

Persons executing for the Surety, other than corporate officers, must attach a Power of Attorney authorizing such person to execute surety bonds for the Surety. Provide the following contact information of the Surety in the event that a claim must be filed. Return the original copy of this form to the S.C. Department of Consumer Affairs.

Name _____
Title _____
Address _____

Email _____
Tel. No. _____
Fax No. _____

S.C. Department of Consumer Affairs
P.O. Box 5757
Columbia, S.C. 29250
Tel. No. (803) 734-4200
Fax. No. (803) 734-4229