

ELECTRONIC COMMUNICATIONS DELIVERY POLICY

(the “ESIGN Disclosure”)

This policy describes how My Rewards, LLC (“Company”) delivers communications to you electronically. We may amend this policy at any time by posting a revised version on our website. The revised version will be effective at the time we post it. If the revised version includes a substantial change, we will provide you with written notice by directly contacting you as provided herein or posting notice of the change on the “Policy Updates” page of our website.

Electronic delivery of communications

You agree and consent to receive electronically all communications, agreements, documents, notices and disclosures (collectively, “Communications”) that we provide in connection with your My Rewards™ Premium Card account (“Account”) or the My Rewards™ Premium Card program (“Program”), generally, and your use of our services. Communications include written information relating to this ESIGN Disclosure, the ACH Authorization as presented and defined below, your Account or the Program, and/or any Program related transaction(s) associated with your authorized Isabella Bank checking account.

Hardware and software requirements

In order to access and retain electronic Communications, you will need the following computer hardware and software:

- a computer with an Internet connection;
- a current web browser with cookies enabled chosen from one of the following: Internet Explorer version 9.0 and above, Firefox version 39.0 and above, Chrome version 39.0 and above, or Safari 8.0 and above;
- Adobe Acrobat Reader version 8.0 and above to open documents in .pdf format;
- a valid email address (your primary email address on file with Company); and
- sufficient storage space to save past Communications or an installed printer to print them.

By giving your consent you are confirming that you have access to the necessary equipment and are able to receive, open, and print or download a copy of any Communications for your records. You may print or save a copy of these Communications for your records as they may not be accessible online at a later date. If a change in the hardware or software requirements needed to access or retain electronic record creates a material risk that you will not be able to access or retain subsequent electronic records, Company will provide you with a statement of the revised software requirements and your rights to withdraw consent without the imposition of any condition, consequence, or fee for the withdrawal not disclosed below.

How to withdraw your consent

You may withdraw your consent to receive Communications electronically by writing to us at “Attn: Electronic Communications Delivery Policy, P.O. Box 2600, Wilmington, NC 28402”, or by calling us at the following number: 888-835-5777. If you fail to provide or if you withdraw your consent to receive Communications electronically, Company reserves the right to either deny your application for an Account, restrict or deactivate your Account, close your Account and any sub-

account (such as a Student Account), or charge you additional fees for paper copies.

Requesting paper copies of electronic Communications

You have the right to receive Communications in paper form. If, after you consent to receive Communications electronically, you would like a paper copy of a Communication we previously sent you, you may request a copy within 180 days of the date we provided the Communication to you by contacting us as described above. We will send your paper copy to you by U.S. mail. In order for us to send you paper copies, you must have a current street address on file as your “Home” address associated with your Account. If you request paper copies, you understand and agree that Company may charge you a Records Request Fee for each Communication.

Updating your contact information

It is your responsibility to keep your primary email address up to date so that Company can communicate with you electronically. You understand and agree that if Company sends you an electronic Communication but you do not receive it because your primary email address on file is incorrect, out of date, blocked by your service provider, or you are otherwise unable to receive electronic Communications, Company will be deemed to have provided the Communication to you.

Please note that if you use a spam filter that blocks or re-routes emails from senders not listed in your email address book, you must add Company to your email address book so that you will be able to receive the Communications we send to you.

You can update your primary email address or street address at any time by logging into the Program website at www.isabellabankrewards.com and selecting the “My Account” tab. If your email address becomes invalid such that electronic Communications sent to you by Company are returned, Company may deem your Account to be inactive, and you will not be able to continue participation in the Program until we receive a valid, working primary email address from you.

Consent to this ESIGN Disclosure

If you enroll for an Account through one of our customer service representatives or using our equipment, your enrollment may not be complete until you take additional action. We will advise you, at the time of your enrollment, of any additional action you must take. If you take the required action, it is an affirmation of your consent to use electronic records and signatures under the terms of this ESIGN Disclosure.

SIGNATURE & AGREEMENT

By signing this agreement below, I have read, understand and agree to the ESIGN Disclosure set forth above. To evidence my understanding and agreement, I now electronically sign my name to this agreement as set forth below.

{{Comm_es_.checkbox:signer1}} -- Click here to agree to the ESIGN Disclosure.

PLEASE PRINT A COPY OF THIS FORM FOR YOUR RECORDS.

AUTHORIZATION FOR ELECTRONIC WITHDRAWALS OF FUNDS FROM CONSUMER'S ACCOUNT (the "ACH Authorization")

I authorize MY REWARDS, LLC ("Company") to electronically withdraw payments from my account ("Debits") (and, if necessary, electronically credit funds to my account to correct erroneous debits) for the fees I owe MY REWARDS, LLC under the My Rewards™ Premium Card Program ("My Rewards Program") as follows:

Account: My checking account at Isabella Bank ("Depository") bearing Routing Number 072403004 and Account Number ending in {{txtAccount_es_prefill}} ("my Account"). I understand that transactions will appear on my bank statement as entries for "MY REWARDS, LLC".

Method of Determining Amount of Debit(s): I agree that the amount debited from my Account is determined by the selections I make concerning the My Rewards Program. I agree that my Account will be debited monthly in an amount (the "Maximum Fee") equal to the indicated applicable Monthly Fee per Card (i.e., dependent on my selection of Gold or Platinum Program Level) multiplied by the number of account holders enrolled (e.g., if five account holders are signed up, the Maximum Fee will be five times the Monthly Fee per Card). A My Rewards™ Gold Debit Card has a Monthly Fee per Card of \$9.95, a My Rewards™ Platinum Debit Card has a Monthly Fee per Card of \$14.95, hereby agree that, as of the time of this ACH Authorization and until further notice from Company, the amounts debited from my Account will be calculated based upon enrollment of the following account holders at the {{txtCardLvl_es_prefill}} } Program Level:

ACCOUNT HOLDER(S):

{{allEnrolled_es_prefill}} }}

I further agree that (i) Company may make a one-time electronic funds transfer from my Account to collect a fee of \$25.00 if a payment is returned unpaid due to insufficient or uncollected funds; and (ii) Company may re-initiate a payment returned unpaid for insufficient or uncollected funds, but I understand that any such re-initiated payment may occur on a date other than my Monthly Debit Day (as defined below). To avoid imposition of the return item fee stated above and to avoid the assessment of Depository overdraft/NSF fees, Company may, in Company's sole discretion, defer any normally occurring debit if Company determines that the normally scheduled debit will likely result in the payment being returned unpaid due to insufficient or uncollected funds.

I further agree that if the Monthly Fee per Card for the My Rewards Program changes, or if I add or withdraw additional cardholders at a later date, you may debit my Account for the new Maximum Fee each month after sending notice of the fee change to me as required by applicable law.

Dates and Frequency of Debits: I agree that the initial debit ("my Initial Debit") will occur on {{txtFirstBillingDate_es_prefill}} the next chronological ACH Debit Day (as defined below) following a fourteen (14) day period from the Company's receipt of this authorization, unless such date should fall on a weekend or federal banking holiday, in which case my Initial Debit will occur on the next business day. "ACH Debit Day" shall refer to the 1st, 8th, 15th or 23rd of any given month. The ACH Debit Day to which my Initial Debit coincides shall be known as "my Monthly Debit Day" and I agree that all debits subsequent to my Initial Debit shall occur monthly on my Monthly Debit Day, or the next available business day (e.g., if my Initial Debit occurs on March 8th, my future monthly debits will occur on April 8th or the next available business day, May 8th or the next available business day, June 8th or the next available business day, etc.). I understand that for the purposes of this authorization a "business day" is defined as a calendar day other than a Saturday, Sunday, or a Federal holiday in the United States.

Effectiveness of Authorization & Revocation: I understand that this authorization will remain in full force and effect until I notify Company that I wish to revoke this authorization (i) online at the following website address: www.isabellabankrewards.com/cancel; (ii) by telephone at 888-835-5777, or (iii) by written notice sent to Attn: ACH Revocations, Post Office Box 2600, Wilmington, NC 28402. I understand that notification to the Company by email alone, whether sent direct or through the Company's website, shall not be effective to indicate my wish to revoke this authorization, and I further understand that Company requires at least 3 business days' prior notice to cancel this authorization.

Relationship Between Company and Depository: Company is an independent third party service provider engaged by Depository to provide and administer the My Rewards™ Premium Card Program. Company is wholly unaffiliated with Depository, and Depository has no control over or responsibility for the actions of Company. By virtue of this Authorization, you are authorizing Company, not the Depository, to electronically debit your checking account as provided above. **THE AMOUNTS CHARGED BY COMPANY ARE NOT FINANCIAL INSTITUTION FEES, BUT ARE FEES FOR A SERVICE PROVIDED BY COMPANY INDEPENDENT OF YOUR FINANCIAL INSTITUTION.**

SIGNATURE & AGREEMENT

By signing this agreement, I have read, understand and agree to the (i) ACH Authorization set forth above, and (ii) the My Rewards™ Premium Card Program Terms & Conditions that have either (a) been provided to me in hard copy, or (b) are accessible to me electronically at www.isabellabankrewards.com/rewardsprogramterms. To evidence my understanding and agreement, I now electronically sign my name to this agreement as set forth below.

PLEASE PRINT A COPY OF THIS FORM FOR YOUR RECORDS.