

Arkansas Department of Workforce Services

POWER OF ATTORNEY

_____ (the "**Company**"), a _____
(entity type) organized and existing under the laws of the state of _____, hereby
constitutes and appoints Compupay dba BenefitMall (firm name) and any of
its agents, as the Company's true and lawful attorney-in-fact to:

1. Execute, acknowledge and deliver on behalf of the Company the following documents:
 - (a) A Client Services Agreement between CompuPay dba BenefitMall and the Company (the "**CSA**") with respect to certain of the Company's payroll and banking arrangements, the current form of which is attached hereto as Exhibit A;
 - (b) The Direct Deposit Service Agreement related to the CSA ("**DDA**"); and
 - (c) Any forms or other documents related to the CSA or the DDA, and any amendments or addenda to the CSA or the DDA.
2. Execute, acknowledge and deliver on behalf of the Company all other agreements, instruments and documents that may be necessary or desirable to effectuate the intent of the CSA and the DDA.
3. Do and perform any and every act required, necessary or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the Company might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.

The authority to grant this Power of Attorney was approved by the board of directors of the Company pursuant to a resolution dated_____. The Company, through its board of directors, ratifies and confirms everything that the attorneys-in-fact or any of them, may lawfully do or cause to be done by virtue of this instrument.

This Power of Attorney is irrevocable and coupled with an interest, provided, however, that it may be revoked by the Company in a signed writing delivered to each of the foregoing attorneys-in-fact and to CompuPay, and shall expire on the date of _____ unless extended in writing by the Company.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Company has caused this Power of Attorney to be duly executed and delivered, effective as of _____, 20____, regardless of the actual date of execution and delivery.

Company Name:

Signature:

Printed Name:

Title:

IN PRESENCE OF:

STATE OF _____)

)SS.

COUNTY OF _____)

On the _____ day of _____, 20____, before me personally came _____ (Printed Name), to me known, who, being by me duly sworn, did depose and say that s/he resides at the address of _____; that

s/he is the _____ (Title) of _____ (Company Name), the _____ (entity type) described and which executed the foregoing instrument; that s/he signed her/his name thereto by order of the board of directors of said _____ (entity type).

Notary Public

My Commission Expires:

Printed Name

Date