

DRUG TESTING CONSENT FORM

1. I have been allowed to read and inspect a written copy of eFunds Corporation (including any of its wholly owned subsidiaries) policy on drugs.
2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy; and (d) that certain events as described in the policy may result in adverse personnel action, including withdrawal of a contingent offer of employment.
3. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.
- 4. I understand that I must undergo the drug screen within 72 hours (3 business days) of receiving the Forensic Drug Testing Custody and Control/Chain of Custody form or a contingent offer of employment will be withdrawn.**
5. I hereby voluntarily consent to eFunds, or its health service providers, or other persons or entities acting for or with them, to collect a sample from me for testing for drugs. I understand that the laboratory selected by eFunds may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to eFunds of the results of my drug test and other information related to the test.

Signature

Print Name

Date

YOU MUST RETURN THIS SIGNED CONSENT FORM ALONG WITH THE SIGNED CONFIDENTIALITY AGREEMENT AND OFFER LETTER IN THE ENCLOSED STAMPED, SELF ADDRESSED ENVELOPE.