



**EFUNDS CORPORATION**

**2001 EMPLOYEE STOCK PURCHASE PLAN**

**ELECTION AND NOTICE OF  
WITHDRAWAL/CANCELLATION OF PARTICIPATION**

I elect to withdraw from the eFunds Employee Stock Purchase Plan. I understand that my payroll deductions will cease as soon as practicable and that my accumulated deductions will be paid to me in cash as soon as practicable after eFunds Compensation Department receives this Election and Notice of Withdrawal/Cancellation of Participation. I understand that no further payroll deductions will be made for the purchase of shares in the current Purchase Period and that I shall be eligible to participate in succeeding Purchase Periods only by delivering to the Company a new Subscription Agreement and Change Form.

**A hard copy of this form must be completed and signed by the employee and received by the Compensation Department in Scottsdale by the 15th of the month prior to the end of the Purchase Period in order to receive a refund. If it is received after the 15<sup>th</sup> of the month prior to the end of the Purchase Period, then the balance will be used to purchase shares and your enrollment will be cancelled for the next Purchase Period. The form can be addressed to Compensation Department – Scottsdale by internal mail or to the Compensation Department, eFunds Corporation, Gainey Center II, Suite 300, 8501 North Scottsdale Road, Scottsdale, AZ, 85253.**

Name, Social Security Number and Address of Participant:

Name:

Social Security Number:

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\_\_\_\_\_

Address:

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Signature:

Effective Date:

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