

| | | |
|---|---------------------|--|
|  | EXHIBIT D | Purchasing Department 619 Division St. MS-7 Port Orchard, WA 98366 Phone: (360) 337-4788 |
| | BANKING FEES | |

BIDDER: Please identify all fees, the nature of the fee and the fee amount, Bidder charges related to the banking services Bidder would provide under the Contract. Bidder may not assess additional fees or increase any fees to the County, inmates, or a third party related in any way to this Contract without the prior written consent of the County. Hidden or unidentified fees are not prohibited.

| | Fee Name | Purpose | Fee Amount |
|----|----------|---------|------------|
| 1 | | | \$ |
| 2 | | | \$ |
| 3 | | | \$ |
| 4 | | | \$ |
| 5 | | | \$ |
| 6 | | | \$ |
| 7 | | | \$ |
| 8 | | | \$ |
| 9 | | | \$ |
| 10 | | | \$ |
| 11 | | | \$ |
| 12 | | | \$ |
| 13 | | | \$ |
| 14 | | | \$ |
| 15 | | | \$ |
| 16 | | | \$ |
| 17 | | | \$ |
| 18 | | | \$ |
| 19 | | | \$ |
| 20 | | | \$ |

Bidder's Signature (*Authorized Representative*): _____

Print Name and Title of Signer: _____

Dated this ____ day of ____ 20____