



Square Opt-Out Notice

I am writing to provide notice that I'm opting out of Binding Individual Arbitration (the "Arbitration Agreement") as provided for in the Square Workforce Terms of Service ("Workforce Terms"). Pursuant to the terms of the Arbitration Agreement, I'm providing the requested information as follows:

My Name: _____

Business Name: _____

My Street Address: _____

City/Town Where I Reside: _____

State Where I Reside: _____

Zip Code: _____

Phone Number(s) associated with my account(s): _____

Email address(es) associated with my account(s): _____

Signature: _____

Date: _____

Please mail the completed form to the following address:

Block, Inc.
Attn: Arbitration Agreement
1955 Broadway, Suite 600
Oakland, CA 94612