Please fill each box with all the information. Excluding information will delay the process of receving your PayCard.

Please fill form in **CAPITAL LETTERS** and print each letter or number in a seperate box.

Thank you for your cooperation.

FIRST NAME:

DATE:

**Employee Information** 

LAST NAME:

SIGNATURE:

STREET NUMBER:	STREET NAME:			L	JNIT/APT:	
CITY:			STATE:	ZIP CO	DDE:	
SOCIAL SECURITY #:		DATE	OF BIRTH:			
DUONE NUMBER.	-		/			
PHONE NUMBER:	-					
	r to initiate credit entries (deposi PayCard account. This authoriz	,	•		•	
notification to my employer.	,					
	e funding of terrorism and mone record information that identifie		opens an accou	nt. What th	nis means for	•
	will ask for your name, address	date of hirth, and o	ther information	that will all	AN HE TA IMAR	

PayCard Fee Schedule Highlights				
Free Services \$0		Purchases & cash back at POS, Internet statements & balance inquires, one free branch cash withdrawal per pay period, customer service. Text message and email alerts. ChekToday, phone or web. Use surcharge-free Allpoint ATM machines.		
ATM Withdrawal	\$1.75	Allpoint ATM cash withdrawal		
Bill Pay Tansaction	\$1.50	Per transaction or reversal		
Funds Transfer	\$1.00	Card Account to Card Account		
Texting	\$0	Standard text messaging rates from your wireless service provider may apply		