



PAYCARD ENROLLMENT FORM

** FAX COMPLETED FORMS TO YOUR PAYROLL CENTER **

15-digit number on front of envelope: __ __ -- __ __ -- __ __ -- __ __ -- __ __

If there is no number printed on the front, list the card number

Global Cash Card – Account Owner Information (Please Print Legibly)			
First Name:	Middle Initial:	Last Name:	
Street Address:		Apartment #:	
City:	State:	Zip Code:	
Home Telephone: () 		Date of Birth (MM/DD/YYYY): / /	
Cell Number (Optional): () **For text messaging confirmations/balances**		Email Address (Optional): **For email notifications**	
Social Security Number: -- --		Employee ID #:	
I hereby authorize HR on Demand to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.			
Employee Signature			Date

LOCATION INFORMATION (All fields must be completed by a company representative)	
Location Name:	Location Number:
Form Completed By:	Telephone Number: