



PAYCARD ENROLLMENT FORM

**** FAX COMPLETED FORMS TO YOUR PAYROLL CENTER ****

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 #:	
Employee Signature			Date

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

ATTACH COPY OF CARD