



PICK EITHER DIRECT DEPOSIT OR THE PAYCARD. IF YOU SUBMIT BOTH, WE WILL DEFAULT TO DIRECT DEPOSIT.

PAYCARD ENROLLMENT FORM

**** SEND 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): / /	
Social Security Number:	-- --	Employee ID #:	
Employee Signature Employee email:			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