

PaychekPLUS! Select® MasterCard® Prepaid Card Enrollment Form

FISCAL INTERMEDIARY: Stavros

Thank you for your interest in using the PaychekPLUS! Select MasterCard Prepaid Card (“PaychekPLUS! Select Card”) to receive your pay. By completing this form you will be applying for a PaychekPLUS! Select Card. Use of this card is subject to the terms, conditions and fees outlined in the Cardholder Agreement included with this enrollment form. If you have any concerns about the terms and conditions for the card, please contact the Fiscal Intermediary named above before you submit this form.

The PaychekPLUS! Select Card is issued by Comerica Bank pursuant to a license with MasterCard International, Inc. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We may also use other records to validate your identity.

Applicant Information:

*Full Name			
*Home Address <small>(PO Box is not permitted)</small>	*Street:		
	*City:	*State:	*ZIP:
Mailing address (if different than Home Address)	Street:		
	City:	State:	ZIP:
*SSN	*Date of Birth (MM/DD/YYYY)	*Phone Number:	

** These fields are required.*

Authorization:

- **By signing below, you direct the Fiscal Intermediary identified above to load your pay to your PaychekPLUS! Select Card.** You specifically authorize the Fiscal Intermediary to initiate credit entries to, and if necessary, to initiate debit entries to correct a previous credit error to your PaychekPLUS! Select Card. This authorization will remain in effect until the Fiscal Intermediary receives written notice from you terminating your consent and Fiscal Intermediary has a reasonable opportunity to act on that notice.
- You also understand and agree that to process this application and load your pay to the PaychekPLUS! Select Card, certain personally identifiable information about you and your PaychekPLUS! Select Card account will be collected by and shared between the Fiscal Intermediary and Comerica. Information shared by and with the Fiscal Intermediary and Comerica Bank may include, without limitation, your name, address, social security number, date of birth, prepaid card account status, and direct deposit information for your prepaid card account. By providing a telephone number, I expressly consent to receiving calls regarding my card account at this number, including auto-dialed calls and prerecorded or artificial voice message calls. Calls to a mobile number may incur fees from my cellular provider. **By signing below, you consent to the Fiscal Intermediary and Comerica Bank sharing this and other information for the purpose of opening, maintaining and loading the requested prepaid account.**

Employee Signature

Date

Information below this line will be used by the Fiscal Intermediary only.

To assist the Fiscal Intermediary in processing your pay, please provide information about the individual to whom you provide Services (your “Client”):

Client Name:	Client Address	Street:	
		Apt/Suite	
Client No.:		City:	ZIP: