

# Payroll Service Solutions

## EMPLOYEE DEBIT CARD ENROLLMENT FORM

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

\_\_\_\_\_ New Debit Card \_\_\_\_\_ Change to a Current Debit Card Account \_\_\_\_\_ Cancellation

Cardholders First, Middle Initial, Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Cardholder Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number (including area code): \_\_\_\_\_

Date of Birth (xx/xx/xxxx): \_\_\_\_\_

**First use of card constitutes agreement to the terms and conditions of the Cardholder agreement that is provided with the Debit Card.**

Federal law, including the USA Patriot Act, requires us to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask 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. The information is held completely confidential and will not be divulged or used without your permission unless required by law.

By checking this box, I authorize my employer to deposit my wages, after applicable deduction taxes and withholdings, to the Debit Card per my direct deposit instructions above and if necessary, initiate adjustments for credits posted in error.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

PLEASE FAX or EMAIL this FORM to: PAYROLL SERVICE SOLUTIONS

fax: 215-624-0927

email: [customercare@payrollservicesolutions.com](mailto:customercare@payrollservicesolutions.com)

MAIL to: PAYROLL SERVICE SOLUTIONS, 900 JAYMOR ROAD, SOUTHAMPTON, PA 18966

Internal Use Only:

Requested Date: \_\_\_\_\_

Enrolled By: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Pay Card Account number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_