

PAYCARD ENROLLMENT FORM

Global Cash Card Account Owner Information (Please Print Legibly)

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____ City: _____

State: _____ Country: US Zip Code: _____

Social Security Number (last four digits): _____

Email Address: _____

Employee Authorization:

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, by electronic transfer of wages to a pay card. In addition, I hereby authorize Sentech (STS) to make all of my deposits and deposit adjustments to my pay card, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such pay card.

Employee Signature

Date

Information below to be completed by _____ Representative

Card Number: _____

ATTACH A COPY OF CARD