

Employee Name: _____

MasterCard Paycard Enrollment Form

Paycard Enrollment and Direct Deposit Authorization

(Please Print Clearly)

Cardholder Name: _____

Cardholder's Physical Address:

Street Address: _____

City _____ State _____ Zip Code _____

Phone #: (____) _____

D.O.B. ___ / ___ / ___ SS # _____ - _____ - _____

I authorize my employer to deposit, each pay period, my net wages after deductions for required taxes and withholding to the Genpass Paycard per my direct deposit instruction necessary, initiate and adjustments for credit posted in error.

Signature: _____ Date: _____



| | |
|-----------------------------|------------|
| PY74 TFG | 5108430414 |
| VCS 001 | AMS 001 |
| Pay Card Fax # 866-904-1408 | |