



## Pay Card Enrollment Form

<b>Client Name:</b>	<b>Client Number:</b>
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<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Physical Address:</b>		<b>Apartment #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Mailing Address (if different from above):</b>		<b>Apartment #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Telephone:</b>	<b>Occupation (Optional):</b>	
<b>Cell Number (Optional):</b> **For text messaging confirmations/balances**	<b>Email Address (Optional):</b> **For email notifications**	
<b>Social Security Number:</b>	<b>Date of Birth (MM/DD/YYYY):</b>	
<b>Employee Signature:</b>		<b>Date:</b>

Fax completed form to 530-345-8486 or  
scan and email to payroll@allevityhr.com

Internal Use:

Metabank	Sioux Falls, SD	073972181
<b>Card:</b>		
<b>Keyed:</b> Website <input type="checkbox"/> Payroll System <input type="checkbox"/>	<b>By:</b>	<b>Date:</b>