



PAYCARD ENROLLMENT FORM

**** FAX COMPLETED FORMS TO YOUR PAYROLL CENTER ****

Card Number 5110 -- 2104 -- 2228 -- 3854

Global Cash Card – Account Owner Information (Please Print Legibly)			
First Name: <u>Les</u>	Middle Initial:	Last Name <u>Massey</u>	
Street Address: <u>2531 Scott PL</u>		Apartment #:	
City: <u>Thousand Oaks</u>	State: <u>CA</u>	Zip Code: <u>91360</u>	
Home Telephone: <u>(805) 492-9641</u>		Date of Birth (MM/DD/YYYY): <u>4 / 8 / 61</u>	
Cell Number (Optional): ()		Email Address (Optional):	
For text messaging confirmations/balances		**For email notifications**	
Social Security Number: <u>545 - 41 - 2666</u>		Employee ID #:	
Employee Signature		Date	

LOCATION INFORMATION (All fields must be completed by a company representative)	
Location Name:	Location Number:
Form Completed By:	Telephone Number:

ATTACH COPY OF CARD

