

Global Cash Card

Cash Card Enrollment

CARD NUMBER 4853 -- 4001 -- 1629 -- 8243

Global Cash Card - Account Owner Information (Please Print Legibly)			
First Name: Rosalba	Middle Initial:	Last Name: Cota	
Street: 1327 W. 84th Ave #1921		Apartment #: #1921	
City: Federal Heights	State: CO	Zip Code 80260	
Home Telephone: ()	Date of Birth (MM/DD/YYYY): 1 . 1		
** Cell Number: (Optional) () For text messaging confirmations/balances	** Email Address (Optional): For e-mail notifications		
Social Security #: 624-62-4230	EMPLID #:		
Date: _____ Employee Signature: _____			

ABA Routing # 073972181

BRANCH INFORMATION (All fields must be completed by a company representative)	
Branch Name:	Branch Dept #:
Form Completed by:	Telephone #:

ATTACH COPY OF CARD

YOU MUST ACTIVATE YOUR CARD BEFORE YOU CAN USE IT! PLEASE VISIT
WWW.GLOBALCASHCARD.COM/ACTIVATE
YOU MAY ALSO CALL OUR TOLL FREE NUMBER, 866-929-8096.
OUTSIDE OF THE U.S. CALL 949-751-0360 AND FOLLOW THE INSTRUCTIONS
USTED DEBE ACTIVAR SU TARIETA ANTES DE PODER USARLA! POR FAVOR VISITE
WWW.GLOBALCASHCARD.COM/ACTIVATE
TAMBIEN PUEDE LLAMAR A NUESTRO NUMERO SIN CARGO 866-929-8096.
AFUERA DE LOS EE.UU. LLAME AL 949-751-0360 Y SIGA LAS INSTRUCCIONES.
550010

4853 0011629 8243

4853

VALID THRU 03/17

DEBIT



PAYROLL CARD DIRECT DEPOSIT AGREEMENT

ABA ROUTING NUMBER	073972181
PAYCARD ACCOUNT NUMBER	4853-4001-1029-8243
CARDHOLDER NAME	Rosalba Cota
SOCIAL SECURITY NUMBER	024 - 62 - 4230

I AUTHORIZE _____ TO INITIATE CREDIT ENTRIES AND, IF NECESSARY, TO INITIATE ANY ACTIONS TO REVERSE OR CORRECT AN ERRONEOUS CREDIT ENTRY TO MY PAY CARD ACCOUNT AT META BANK, FOR THE PURPOSE OF AUTOMATICALLY DEPOSITING FUNDS INTO MY ACCOUNT.

I UNDERSTAND THAT THIS AUTHORIZATION REPLACES ANY PREVIOUS AND WILL REMAIN IN FULL FORCE AND EFFECT UNTIL THE AFOREMENTIONED COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE AFOREMENTIONED COMPANY AND US BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

SIGNATURE _____

DATE ____/____/____

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR EMPLOYER.

TARJETA DE PAGA (NOMINA) ACUERDO DEPÓSITO DIRECTO

ABA ROUTING NUMBER	073972181
NUMERO DE TARJETA (DE PAGA)	_____
SU NOMBRE	_____
NUMERO DE SEGURO SOCIAL	_____ - _____ - _____

POR FAVOR MARQUE AL 1-866-395-9200

YO AUTORIZO _____ INICIAR CUALQUIER CRÉDITO DE PAGA O DEPOSITO, Y SI ES NECESARIO, TAMBIÉN QUE SE INICIE CUALQUIER ACCIÓN PARA INVERTIR O CORREGIR UN CRÉDITO DE PAGA O DEPOSITO ERRÓNEO A M CUENTA.

ENTIENDO QUE ESTA AUTORIZACIÓN REEMPLAZA CUALQUIER AUTORIZACIÓN PREVIA Y SE QUEDARA EN EFECTO HASTA QUE LA COMPAÑÍA REFERIDA RECIBIDO LA NOTIFICACIÓN ESCRITA DE MI DE ESTA TERMINACIÓN TAL TIEMPO Y EN TAL MANERA COMO PROPORCIONAR LA COMPAÑÍA REFERIDA Y META BANK PARA DARLE OPORTUNIDAD RAZONABLE PARA ACTUAR INMEDIATAMENTE.

FIRMA _____

FECHA ____/____/____

POR FAVOR COMPLETE ESTA PORCIÓN Y DEVUELVA A SU COMPAÑÍA