



PAYROLL CARD ENROLLMENT AND CONSENT FORM

Print name \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Shipping Address \_\_\_\_\_

Please check the following option:

Whole Check  OR  Amount \_\_\_\_\_

YOUR ACTIVATION CODE WILL BE YOUR DATE OF BIRTH

BY SIGNING BELOW, I CONSENT TO RECEIVE MY WAGES BY ELECTRONIC TRANSFER TO MY CERIDIAN PAYROLL CARD. I ACKNOWLEDGE THAT MY EMPLOYER HAS PROVIDED ME A COPY OF THE CARDHOLDER AGREEMENT AND THE SCHEDULE OF THE FEES I WILL INCUR USING MY PAYROLL CARD. I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE TERMS IN THE CARDHOLDER AGREEMENT AND FEES THAT I WILL INCUR USING MY PAYROLL CARD.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use:  
Routing# \_\_\_\_\_ Account# \_\_\_\_\_  
Date card ordered \_\_\_\_\_  
Original Card  Replacement Card

