

**PAY CARD ENROLLMENT FORM**

DATE:

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| **EMPLOYEE INFORMATION** |
| First Name: | Last Name: |
| Social Security Number: | Date of Birth: MM/DD/YYYY | Phone: |
| Home Address/ Physical Address |
| City: | State: | Zip Code: |
| Email Address: | Employee Signature: |

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| **EMPLOYER INFORMATION** |
| Employer: | Client ID Number |
| Supervisor’s Name: |
| Employer’s Office/Mailing Address: |
| Employer’s Email Address | Employer Phone: |
| QUESTIONSCall Client Services 866-552-6360 or EMAIL Services@InfinitiHR.com |
| USBANK Enrollment Processed: | Internal Use Only* Direct Deposit in PRISM
* Registration Confirmation Email to Client
* Registration Confirmation Email to Employee
* Date mailed via USPS
 |
| Processed By: |
| Account Number |
| **Thank you for enrolling in the Debit Card.** InfinitiHR will issue your Debit card, and mail it to your Employer’s Office. Your card will be “pre-noted” which means, you will receive a paper check, allowing time for the account to be verified through the payroll system and give you time to receive your card.**Please activate your Card as soon as your receive it.** | Send Completed Form to**Infiniti HR**FAX: 240-722-0090Email: Services@InfinitiHR.com |

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