

**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: |
| QUESTIONS  Call 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: 240-722-0090  Email: Services@InfinitiHR.com | |

9/2020