



FOCUS CARD ENROLLMENT FORM

DATE: _____

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:			

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:	<p style="text-align: center;">Internal Use Only</p> <input type="radio"/> Direct Deposit in PRISM <input type="radio"/> Registration Confirmation Email to Client <input type="radio"/> Registration Confirmation Email to Employee <input type="radio"/> Date mailed via USPS
Processed By:	
Account Number	

Thank you for enrolling in the USBANK FOCUS 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

InfinitiHR

FAX: 240-722-0090

Email:

Services@InfinitiHR.com