

## PAYCARD ENROLLMENT / CANCELLATION FORM

**\*\* FAX COMPLETED FORMS TO YOUR PAYROLL CENTER \*\***

**FAX NUMBER 888-894-5252**

**ATTENTION: PAYROLL SPECIALIST**

**COMPANY NAME (EMPLOYED BY):** \_\_\_\_\_

**Card Number** \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

**NEW**

**CANCEL**

| Global Cash Card – Account Owner Information (Please Print Legibly) |                        |                  |
|---|------------------------|------------------|
| <b>First Name:</b>  | <b>Middle Initial:</b> | <b>Last Name</b> |
| <b>Street Address:</b>  | <b>Apartment #:</b>    |                  |
| <b>City:</b>  | <b>State:</b>          | <b>Zip Code:</b> |