

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)		
First Name:	Middle Initial:	Last Name
Street Address:	Apartment #:	
City:	State:	Zip Code: