



Office # _____

Name _____

Last four digits of SSN _____

Do you wish to enroll in Direct Deposit/Global Cash Card: Yes No

If yes, please complete this form with the necessary information.

Direct Deposit/Global Cash Card Authorization: By signing below, I hereby voluntarily authorize my employer and the financial institution listed to initiate credit entries, and to initiate if necessary, debit entries and adjustments for any credit entries in error to the account identified on the enclosed voided check or financial institution printout.

DIRECT DEPOSIT

Checking Account
ATTACH A VOIDED CHECK

Savings Account
DEPOSIT SLIPS ARE NOT ACCEPTABLE

Cancel
SIGN & DATE BELOW

Name on Account:	Financial Institution:
	ACH Routing Number:
	Account Number:
Signature Required:	Date:

YOU MUST attach a voided check to activate a checking account. For savings activation you must obtain a print out from your financial institution reflecting the ACH routing and account number to activate direct deposit. **DO NOT** attach deposit slips.

----- **OR** -----

GLOBAL CASH CARD

New Account Update

Card Number: _____ -- _____ -- _____ -- _____

Cancel
SIGN & DATE BELOW

Global Cash Card – Account Owner Information (Please Print Legibly)		
Street Address:		
City:	State:	Zip Code:
	Date of Birth : (MM/DD/YYYY)	
Home Telephone: ()	Email Address: *For Email Notifications*	
Cell Number: () *For text message confirmations/balances*		
Signature Required:	Date:	

FOR INTERNAL USE ONLY: Please attach Global Cash Card **COPY**.