



Pay Card Enrollment Form

Client Name:	Client Number:
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First Name:	Middle Initial:	Last Name:
Physical Address:		Apartment #:
City:	State:	Zip Code:
Mailing Address (if different from above):		Apartment #:
City:	State:	Zip Code:
Home Telephone:		Occupation (Optional):
Cell Number (Optional): **For text messaging confirmations/balances**		Email Address (Optional): **For email notifications**
Social Security Number:		Date of Birth (MM/DD/YYYY):
Employee Signature:		Date:

Fax completed form to 530-345-8486 or
scan and email to payroll@alleveryhr.com

Internal Use:

Metabank	Sioux Falls, SD	073972181
Card:		
Keyed: Website <input type="checkbox"/> Payroll System <input type="checkbox"/>	By:	Date: