

# CashPay Enrollment Form

THE FOLLOWING CONFIDENTIAL INFORMATION IS USED TO ENSURE PROPER IDENTIFICATION.

CashPay Card Kit Number (If company issuing CashPay card, please complete.  
This number will show through the outer window of the card kit.)

**5 | 6 | 7 | 9 | 9 | 3**

<b>CashPay Account Owner Information</b> (Please Print)			
Name: First Name		Middle Initial	Last Name
Address		Apartment #	
City	State	Country	Zip Code
Home Telephone (Area Code Required) ( ) -	Work Telephone (Area Code Required) ( ) -	Date of Birth (19YY/MM/DD) <b>19</b> - -	
(Outside US include country and city code for Home and Work numbers.)			
Social Security Number		Other legal form of I.D. if Social Security Number not available. (i.e., passport # US 1234567)	
Mother's Maiden Name (Last name only before married):			
Statement - Must select one: <input type="checkbox"/> Regular <input type="checkbox"/> Braille <input type="checkbox"/> Large Print			

<b>Company Information</b> (All fields must be completed by a company representative)			
Company Name			
Account Owner Work Location - Address			
City	State	Country	Zip Code
CashPay Company Number	Anticipated first CashPay deposit date for this individual (MM/DD/YY)		
Form completed by			
Phone Number (Area Code required) ( ) -	Fax Number (Area Code required) ( ) -	Outside US include country and city code for Phone and Fax numbers	
Fax this completed form immediately to CashPay Customer Service at (972) 870-7801			
<p><u>Certification of Company</u> By providing to Bank of America enrollment information to establish a CashPay account for the above-described recipient of payments from the Company (the "Payee"), I certify that the following statements are true and accurate: 1. As of the date of request for a CashPay account, the Payee is entitled to payments issued by the Company, and is otherwise qualified to participate in the CashPay program. 2. That all information provided about the Payee is correct, including the Payee's date of birth, address, and Social Security Number or information from another form of identification issued by a governmental entity. 3. That if the Payee is to receive wage payments through a CashPay account, the Payee is legally employable in the United States. (Payee is a U.S citizen or is a resident alien legally authorized to work in the United States.) 4. That I have given to the Payee the explanatory information for the CashPay program that has been provided by Bank of America.</p> <p>I agree to notify Bank of America promptly of any changes to the information about the Payee that has been submitted as part of CashPay enrollment. The program will also accept changes to information from the Employee.</p>			
Name of Authorized Company Representative _____ Title _____ Signature _____			
Please Protect - Confidential Information			

For CashPay Customer Service Use Only

CashPay Account Number assigned

**3 | 7 | 4**

LOG \_\_\_\_\_ FAX \_\_\_\_\_ VAN \_\_\_\_\_  
 CASE \_\_\_\_\_ MAIL \_\_\_\_\_ CSR \_\_\_\_\_  
 MISER \_\_\_\_\_ ADD CARD \_\_\_\_\_