



FlexWage Pay Card Application

Legal Name _____

Mailing Address

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Primary Phone Number _____ Email _____

Yes. I want to receive a FlexWage Pay Card "Payment Card" for my employer to submit payment to my Pay Card account. I further understand that this card was provided to me as an option by my employer and that the fees outlined in the attached fee schedule will apply for account maintenance and card use.

I hereby authorize my employer to deposit my pay to my Payment Card. If funds or monies to which I am not entitled are deposited to the card account, I hereby authorize my employer to initiate a correcting debit to my Payment Card to withdraw funds to correct the error of overpayment. I hereby authorize my employer to act as my agent to submit my application for the Payment Card to the issuing Financial Institution of the Payment Card, and to the Terms and Conditions governing my use of the Payment Card that I will receive at the time I receive the Payment Card.

I acknowledge and agree that this authorization may be rejected or discontinued by the issuing Financial Institution at any time. I understand that unless terminated by my employer or issuing Financial Institution this authorization will remain in full force and effect until my employer has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the Payment Card as provided in the Terms and Conditions I received with the Payment Card.

Employee Signature _____ Date _____