



### The Card Flex Authorization

Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Client Name: \_\_\_\_\_

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Date of Birth: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_(\_\_\_\_) \_\_\_\_\_ Alternate: \_(\_\_\_\_) \_\_\_\_\_

**New Card Flex Paycard/Account Request**

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Your pay will be loaded directly into the Card Flex account every payday. This easy-to-use payroll solution enables you to access your funds by using Card Flex Paycard.

Please allow up to 10-Business days for the delivery of your welcome packet/card. \*Please notify Personnel Plus once you have received the card so that we can begin loading pay on the Card Flex Card.

I authorize Personnel Plus Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Card Flex account.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

FOR OFFICE USE ONLY:

Card Flex Account Number: \_\_\_\_\_