



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

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: _____