

PAY CARD ENROLLMENT FORM

DATE:

EMPLOYEE INFORMATION

First Name:	Last Name:	
Social Security Number:	Date of Birth: MM/DD/YYYY	Phone:
Home Address/ Physical Address		
City:	State:	Zip Code:
Email Address:	Employee Signature:	

EMPLOYER INFORMATION

Employer:	Client ID Number
Supervisor's Name:	
Employer's Office/Mailing Address:	
Employer's Email Address	Employer Phone:

QUESTIONS

Call (559)802-3661 or EMAIL Hire@ctruststaffing.com

USBANK Enrollment Processed:	Internal Use Only <input type="radio"/> Direct Deposit in PRISM <input type="radio"/> Registration Confirmation Email to Client <input type="radio"/> Registration Confirmation Email to Employee <input type="radio"/> Date mailed via USPS
Processed By:	
Account Number	

Thank you for enrolling in the Debit Card.

Your card will be "pre-noted" which means, you will receive a paper check, allowing time for the account to be verified through the payroll system and give you time to receive your card.

Please activate your Card as soon as your receive it.

