

PayWorks® Payroll Debit Card Enrollment Form

(return to your employer)

ACCOUNT AGREEMENT AND DIRECT DEPOSIT AUTHORIZATION

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each holder of a Card. Therefore, you and all new and existing Cardholders are subject to the identity verification requirements. When you obtain a Card, you will be asked for your name, address and identification number, and, in the case of an individual, your date of birth. For Cards issued to or at the request of a business, we may also obtain this information for individuals associated with the business. You may also be requested to show a driver's license or other approved identifying documents. In all cases, we are committed to protecting the privacy and identity of our Cardholders.

EMPLOYEE INFORMATION: Employee to Complete (Please Print)

Employee Name: _____

Employee Residential Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Employee Tax ID # (Social Security #): _____ Date of Birth: _____ Primary Telephone*:(_____)

*Primary telephone will be used for card activation, and Personal Identification Number (PIN) selection.

Account Agreement and Terms and Conditions: I agree to the payroll card terms and conditions and acknowledge receipt of the Disclosure Statement and Terms and Conditions for Payroll Debit Card Account, KeyBank's Privacy Policy, and The PayWorks Schedule of Fees.

Direct Deposit Authorization: I authorize my employer to initiate credit entries (direct deposit) to my KeyBank Payroll card account and to make any corrections in the case of an error. I also authorize KeyBank to release information regarding the status of my account to my employer for direct deposit servicing purposes only.

I understand that the following tax certification applies to my account:

Under penalties of perjury, I certify that 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for the number to be issued to me), and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

You must cross out Item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax returns. The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Employee Signature: _____ **Date** _____



I (employer) have verified that the employee information provided above is accurate, to the best of my knowledge.

Initials

Verifier's Name: _____ Verifier's Signature: _____

EMPLOYER INFORMATION: Employer to Complete (Please Print)

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Telephone: (_____) _____

Payroll Processor Name: _____

Payroll Processor Address: _____

City: _____ State: _____ Zip: _____

Payroll Processor Telephone: (_____) _____

EMPLOYER INSTRUCTIONS:

Please Complete:

1) Governmental Issued ID Number: _____

2) State/County of Issuance: _____

3) Expiration Date: _____

4) FAX completed PayWorks Enrollment Form to 1-216-370-6417

5) Retain the bottom copy for your records.

For Bank/Employer Use Only

Control Account Number: _____

EFT Number: _____

SOL #: _____