

# CashPay Enrollment Form



The following confidential information is used to ensure proper identification. **Please fax the completed form to 800.818.1719.**

Please select the card type and English or Spanish below:

- Visa       Instant Issue (Issued at Employer Location)  
 English       Spanish

If Instant Issue, Please provide card number: \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_

<b>CashPay Account Owner Information</b> (Please print)			
Name: First		Middle	Last
Address:			Apartment #:
City:	State:	Country:	Zip Code:
Home Telephone (Area Code Required): ( ) -	Work Telephone (Area Code Required): ( ) -	Date of Birth (MM/DD/YYYY): / /	
Social Security Number:		Other legal form of ID if SS# not available (passport or employee #):	
Email Address:			

<b>Company Information</b> (All fields must be completed by a company representative)			
Company Name:			
Authorized Payroll Contact Work Location – Address:			
City:	State:	Country:	Zip Code:
Anticipated 1st CashPay Deposit Date for This Individual: (MM/DD/YYYY): / /		Form Completed By:	
Phone Number (Area Code Required): ( ) -		Fax Number (Area Code Required): ( ) -	
Employer's Email Address:			
<p><u>Certification of Company</u>                  By providing to Bank of America enrollment information to establish a CashPay account for the above-described recipient of payments from the Company (the "Payee"), I certify that the following statements are true and accurate: 1. As of the date of request for a CashPay account, the Payee is entitled to payments issued by the Company, and is otherwise qualified to participate in the CashPay program. 2. That all information provided about the Payee is correct, including the Payee's date of birth, address, and Social Security Number or information from another form of identification issued by a governmental entity. 3. That if the payee is to receive wage payments through a CashPay account, the Payee is legally employable in the United States. (Payee is a US citizen or a resident alien legally authorized to work in the United States.) 4. That I have given to the Payee the explanatory information for the CashPay program that has been provided by Bank of America.</p> <p>I agree to notify Bank of America promptly of any changes to the information about the Payee that has been submitted as part of CashPay enrollment. The program will also accept changes to the information from the Employee.</p>			
Name of Authorized Company Representative _____ Title _____ Signature _____ (Please Print)			

**For Customer Service Use Only**

CashPay Account Number: \_ \_ \_ \_ \_      Enrollment Completed By: \_\_\_\_\_  
 Federal Routing Number: \_ \_ \_ \_ \_      Date Entered PAT: \_\_\_\_\_