Wells Fargo® PayCard
Sign-Up Form

☐ **YES. I want to receive a *Wells Fargo* PayCard.**

1) Print your name as you want it to appear on your card

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First Name MI Last Name

2) Please provide personal identification information.

☐☐/☐☐/☐☐☐☐ _____ ☐☐☐-☐☐-☐☐☐☐

Date of Birth (mm/dd/yyyy) Employee ID (optional) Social Security Number

_____ _____ _____ _____

Street Address, Apt #, or Post Office Box City State Zip Code

(Address where the card and monthly statement will be shipped)

(☐☐☐)☐☐☐-☐☐☐☐ (☐☐☐)☐☐☐-☐☐☐☐ _____

Home Phone Number Work Phone Number Email Address (optional)

(Or the phone number you will call from for card activation)

_____

Mother's Maiden Name

(Used for card activation)

I hereby authorize [employer name] to deposit my pay to the Wells Fargo PayCard. If funds or monies to which I am not entitled are deposited to the Wells Fargo Paycard, I hereby authorize [employer name] to initiate a correcting debit to my Wells Fargo PayCard to withdraw funds to correct the error or overpayment. I hereby authorize [employer name] to act as my agent to submit my application for the Wells Fargo PayCard to Wells Fargo Bank, N.A., the issuer of the Wells Fargo PayCard.

If I have given my work address above, I also authorize [my employer] to act as my agent to send and receive communications, including periodic transactional statements on my behalf to and from Wells Fargo Bank, N.A., regarding my Wells Fargo PayCard and acknowledge that delivery of such communications to [the employer] by the Bank constitutes delivery to me. The Bank is not responsible for the ultimate delivery of such communications and notices by [employer name] to me once the Bank has delivered the communications and notices to the employer.

If you have agreed with the Bank to receive these communications and notices electronically, the Bank will deliver these communications and notices to you electronically pursuant to that agreement. By using the Wells Fargo PayCard, I hereby agree to the terms and conditions governing my use of the Wells Fargo PayCard that I will receive at the time I receive the Wells Fargo PayCard.

I acknowledge and agree that this authorization may be rejected or discontinued by [employer name] or Wells Fargo Bank, N.A., at any time. I understand that this authorization replaces any previous authorization relating to [employer name]'s payment to me, and unless terminated by [employer name] or Wells Fargo Bank, N.A., this authorization will remain in full force and effect until [employer name] has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the Wells Fargo PayCard as provided in the terms and conditions I receive with the Wells Fargo PayCard.

3) X_____ _____

Signature Date