

## **DEBIT CARD ENROLLMENT FORM**

\*Submit this form to your Employer for debit card enrollment.

Personal Information					
Employer					
Name	SS	SSN			
Address	City		State	Zip	
Birth Date/	Male	Female	Married	Single	
Email Address					
Spouse Information (complete only if	your emplo	yer allows spo	ouse cards)		
Name	SS	SN			
Birth Date/					
stolen cards may be reported to A hours (Monday-Friday, 8:00 a.m Allegiance nor the Plan Sponsor cards.  2. The holder of the card will be so the card, including but not limite  3. This card is not a credit card and state and federal consumer credit  4. Upon termination of employmen  5. I have been provided an explana  6. All claims reimbursed through the am required to, and agree to, p  7. If using the debit card, I agree to for with the card will not have be and adhere to the cardholder stat to inactivation if I do not comply	lely liable for the card (s) will to ard (deep liable and read to any federate, card(s) will to of the federate debit card are the card even nor will be the card even nor wil	a. Mountain Staill be liable for any consequent tax sanction and is not a congulations. If the surrender was associated was are subject to amentation as a for eligible exists to have give with the care	andard Time), her any use or mise ences/charges recons or assessment assumer credit transmer credit transmer credit transmer to employer, with the debit cate IRS substantiates requested.  Appenses only. A reimbursed else and I understand	esulting from misuse of nts. ansaction subject to ard. ion requirements and I any expenses I pay where. I agree to read tand the card is subject	
Employee Signature:			Date: _		
Spouse Signature:			Date: _		
As a security measure your card will b					

throw it away with the junk mail!