



PAYCARD ENROLLMENT FORM

Return Completed Forms to:

**Payroll Department
Washington Court Place
309 N Washington Sq, Suite 203
Lansing, MI 48933**

GCC Card Number: _____ - _____ - _____ - _____

GCC Account Number: _____

**Bank Name: Meta Bank
Routing Number: 073972181**

| Global Cash Card – Account Owner Information (Please Print Legibly) | | | |
|---|-----------------------------|--------------|------|
| First Name: | Middle Initial: | Last Name: | |
| Street Address: | | Apartment #: | |
| City: | State: | Zip Code: | |
| Home Telephone: | Date of Birth (MM/DD/YYYY): | | |
| Social Security Number: | Employee ID #: | | |
| Employee Signature | | | Date |

| LOCATION INFORMATION (All fields must be completed by a company representative) | |
|---|-------------------|
| Location Name: | Location Number: |
| Form Completed By: | Telephone Number: |

Attach Copy of ID Documentation