



## ~Global Cash Card Request Form~

Note: Your Card will not be activated until our accounting department receives this form.

Employee Name:

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**\*First**

**\*Last**

M.I.

**\*Required fields**

Title

**\*Date of Birth**

Start Date

Address Information:

--	--

**\*Street**

Apt

--	--	--

Perm  Temp

**\*City**

**\*State**

**\*Zip**

Contact Information:

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Phone ( Cell  Home)

E-Mail Address

**\*Social Security #**

Requesting Additional Card/  
Account:

Yes  No

(Addl Card will hold it's own account #)

Initial One


I do not currently have Direct Deposit and I am requesting Global Cash Card.

I would like Global Cash Card **in addition** to my current Direct Deposit. Amount to be deposited into Global Cash Card

\$
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**Replace** my current Direct Deposit account with Global Cash Card account.

If you would like all of your weekly paycheck to be deposited into your Global Cash Card please write **"FULL"**.

### AUTHORIZATION

I hereby authorize and request CoreMedical Group, hereinafter referred to as "Company", to make payment of any amount owed to me by initiating credit entries or adjustment entries to my account(s), as indicated above, to the Banking Institution named above, hereinafter referred to as "Bank". I authorize and request said "Bank" to accept any credit entries or adjustment entries indicated by "Company" to such account(s), and to enter the same to such account(s), without responsibility for the correctness thereof.

It is understood that I may terminate this agreement at any time by written notification to the "Company" and to the "Bank". Any such notification to "Company" shall be effective only with respect to entries initiated by "Company" after receipt of such notification and a reasonable opportunity to act on it. Any such notification to "Bank" shall be effective only with respect to entries credited to my account(s) by "Bank" after receipt of such notification and a reasonable time to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Fax to: 1-888-631-8777**

**{Administration Only}**

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Card Number  
Card 2

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Date Entered

Debit  MC

Type of Card

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Card Number

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Date Entered

Debit  MC

Type of Card