

Chase Payroll Card Application

Unless otherwise noted, all fields are required and must be filled in to process this application. You must be a U.S. Resident to enroll in the Chase Payroll Card program.

IA. CARDHOLDER INFORMATION

Employee Number (optional) _____

First Name _____ MI _____ Last Name _____

Home Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Primary Phone Number _____ Secondary Phone Number (optional) _____

Email Address (optional) _____

Date of Birth (mm/dd/yyyy) _____ Mother's Maiden Name _____

Optional Mailing address where you would like the Card sent:

Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

UNITED STATES CITIZEN NON-UNITED STATES CITIZEN

Social Security or Taxpayer ID Number _____

If you are **not a citizen** of the United States, please provide one or more of the following forms of identification.

U.S. Issued Alien Identification Card Passport
 Other Government Issued Identification (Example: Matricula Consular Card)

Type: _____

Country of Issuance _____

Number _____ Expiration Date (month/day/year) _____

Be sure to read the Program Terms, Conditions and Disclosures that will be sent with your Card. For additional information, please contact your employer.

Monthly paper statement option — in addition to accessing my Chase Payroll Card transaction activity on-line or via Customer Support, please mail me a monthly payroll card activity statement to the mailing address I have provided above. I understand there is a monthly charge of \$1.00 for this statement option.

IB. SECONDARY CARDHOLDER INFORMATION

Secondary card (optional) – Complete the following information if you would like a second card which will have full access to your payroll card account. The secondary card will be sent directly to the secondary cardholder's address.

First Name _____ MI _____ Last Name _____

Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Primary Phone Number _____ Secondary Phone Number (optional) _____

Email Address (optional) _____

Date of Birth (mm/dd/yyyy) _____ Mother's Maiden Name _____

UNITED STATES CITIZEN NON-UNITED STATES CITIZEN

Social Security or Taxpayer ID Number _____

If you are **not a citizen** of the United States, please provide one or more of the following forms of identification.

U.S. Issued Alien Identification Card Passport
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Type: _____

Country of Issuance _____

Number _____ Expiration Date (month/day/year) _____

II. CARDHOLDER AGREEMENT Return completed, signed and dated application to your employer.

This Authorization Agreement for Chase Payroll Card Account will authorize my employer to directly deposit my periodic salary/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions (a "Payroll Payment") into my Chase Payroll Card Account (the "Account") at JPMorgan Chase Bank, N.A. ("Chase") and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my Account. I understand that I may withdraw a portion or the entire amount of a Payroll Payment deposited by my employer from time to time in cash via an Automated Teller Machine (subject to certain withdrawal limits as discussed in the Program Terms, Conditions and Disclosures), applicable point-of-sale ("POS") terminals and wherever Visa[®] debit cards are accepted. By signing this application, I hereby authorize Chase to issue a card to me. I agree that activating my card shall constitute my agreement to: (1) the Program Terms, Conditions and Disclosures that accompany my card and (2) changes to, or replacements for, those Program Terms, Conditions and Disclosures that may be sent or made available to me from time to time. I also hereby authorize Chase to debit my Chase Payroll Card Account, without notifying me, for the fees described in the fee schedule that is part of this application, or as such fees may change from time to time. Chase may change those fees at any time.

Cardholder's Signature _____ Date _____

III. EMPLOYER USE ONLY

Company Name _____ Location _____ Processor's Name _____ Processor's Phone Number _____

RYAN MAURA AND
RYAN, INC.
64070-0614

**Employer: please enter cardholder data into Agent Service Center
or fax completed forms to 1-888-344-3796**