

**PAYNGO PERSONAL SPENDING CARD
APPLICATION &
DIRECT DEPOSIT AUTHORIZATION**



Card Number: _____

Name: _____
(First) (Middle) (Last)

Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Prior Address): _____
(if less than 5 years at current address)

Telephone number: ___ - ___ - _____ **Email address (if available):** _____

Mother's Maiden Name: _____ (for security identification purposes)

Date of Birth: _____

Social Security number: _____

or other government id: (type) _____ (number) _____

Driver's License number: _____ **State:** _____ **Expiration Date:** _____
(or other government issued photo id. **Attach photocopy.**)

Employer: _____ **Employer Phone number:** ___ - ___ - _____
Employer Address: _____

I affirm that the above information is true and correct and authorize MetaBank, CDS or it's designees to contact any such sources they deem appropriate to obtain credit, criminal, OFAC, and background reports on me and such information on me as they deem appropriate. I also acknowledge receiving a copy of the terms and conditions pertaining to my use of the PayNGo card.

Employee acknowledges that participation in the PayNGo Program is voluntary and Employee further acknowledges that _____ ("Employer") shall not be liable to Employee, Employee's spouse or any dependants, or any third party for any funds on the card, or any claim or loss as (1) result of a lost or stolen card, (2) any unauthorized use of the card, (3) any misuse, (4) any fraudulent use of the card, (5) any lawful or unlawful use of the card by any party or (6) any claim, loss, damage, injury, economic hardship, missed opportunity or whatsoever arising out of Employee's participation in the PayNGO Program.

-----**PAYNGO CARD - PAYROLL DIRECT DEPOSIT AND AUTHORIZATION RELEASE**-----

_____ ("Employee") authorizes _____ ("Employer") to initiate direct deposit entries and to credit the card account identified herein each pay period for any wages due me less any withholdings. This Authorization shall remain in effect unless cancelled by me by providing written notice of cancellation to you.

The undersigned represents and warrants to Employer that (a) the person executing the Authorization is authorized signatory on the card account referenced and all information regarding the card account and the card account holder is true and correct.

Employee authorizes and agrees to all of the above by signing below:

Employee Signature: _____ **Date:** _____
PayNGo cards are issued by MetaBank.