

WELLS FARGO® PAYCARD

Sign-Up Form

☐ **YES, I want to receive a Wells Fargo PayCard.**

1) Print your name as you want it to appear on your card (19 characters total).

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First Name

Middle Initial

Last Name

2) Please provide personal identification information.

□□/□□/□□□□

Date of Birth (mm/dd/yyyy)

□□□-□□-□□□□

Social Security Number

□□□-□□□-□□□□

Home Phone Number (or the phone number
you will call from for card activation)

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Work Phone Number

3) Please provide the street address where you want to receive your monthly statement.

Street Address, Apt. #, or Post Office Box

City

State

ZIP Code

If this is a different address from the one on your employer payroll records, should your payroll records be updated with this new address? ☐ Yes ☐ No ☐ N/A - same address

4) Please review and sign the authorization agreement.

I hereby authorize Eugene Burger Mgmt Corp. (EBMC) to deposit my wages, expense reimbursement, and other payments to my Wells Fargo PayCard. I authorize to provide Wells Fargo with identifying information about me and to complete any documentation requested by Wells Fargo to complete the Wells Fargo PayCard enrollment process. If any identifying information provided should change, I instruct EBMC to notify Wells Fargo of such change. I represent and warrant to EBMC and Wells Fargo that all personal identifying information I have provided EBMC is true and correct.

I hereby acknowledge having been advised of the following bank notice:

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individual or business) who opens an account. What this means for you: when you open an account, the financial institution will ask for your name, address, date of birth and other information that will allow the financial institution to identify you. The financial institution may also ask for your driver's license or other identifying information.

If funds or monies are erroneously deposited to the Wells Fargo Paycard, I hereby authorize EBMC to initiate a correcting debit to my Wells Fargo PayCard to withdraw funds to correct the error. I hereby authorize EBMC to act as my agent to submit my application for the Wells Fargo PayCard to Wells Fargo Bank, N.A., the issuer of the Wells Fargo PayCard.

If I have given my work address above, I also authorize EBMC to act as my agent to send and receive communications, including periodic transactional statements on my behalf to and from Wells Fargo Bank, N.A., regarding my Wells Fargo PayCard and acknowledge that delivery of such communications to EBMC by the Bank constitutes delivery to me. The Bank is not responsible for the ultimate delivery of such communications and notices by EBMC to me once the Bank has delivered the communications and notices to the employer.

By using the Wells Fargo PayCard, I hereby agree to the terms and conditions governing my use of the Wells Fargo PayCard that I will receive at the time I receive the Wells Fargo PayCard.

I acknowledge and agree that this authorization may be rejected or discontinued by EBMC or Wells Fargo Bank, N.A., at any time. I understand that this authorization replaces any previous authorization relating to EBMC payment to me, and unless terminated by EBMC or Wells Fargo Bank, N.A., this authorization will remain in full force and effect until EBMC has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the Wells Fargo PayCard as provided in the Terms and Conditions I receive with the Wells Fargo PayCard.

X

Signature

Date