



Salt River Pima-Maricopa Indian Community

10005 East Osborn Road • Scottsdale, Arizona 85256

Phone (480) 362-7700

PAY CARD SIGN-UP and ELECTION FORM

Card Action

- ☐ New card
☐ Change payment types
☐ Cancel card

I agree that all payments to me from the Community will be paid to the Pay Card as checked below:

- ☐ All Payments
or Make payment selections below

Select*	Payments	Set up days**
<input type="checkbox"/>	Lease	2
<input type="checkbox"/>	Payroll	7
<input type="checkbox"/>	Per Capita	14
<input type="checkbox"/>	Day Labor & Other***	2

NOTE:

***Selected type which currently have a different direct deposit setup will be replaced by the Pay Card.**

**** Business Days are Monday – Friday, excluding community holidays. Set up days are the business days to prepare the Pay Card to receive payments, after the form has been submitted.**

*****Other payments include all other payments from the community, for example, Child Support, Education Reimbursement, etc.**

Card Holder Information

Full Name: _____

Tribal ID: _____ Contact Phone: _____

Contact email: _____

Physical Address (For compliance purposes, cannot be a PO Box):

City: _____ State: _____ Zip Code: _____

Mailing Address: ☐ Same as Physical Address

City: _____ State: _____ Zip Code: _____

Important:

Pay Cards are furnished through US Bank. To help fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. *What this means for you:* when you open an account, we will use the information you have provided on this form, along with your social security number to open your card account with US Bank. We will also ask to see your Tribal ID, driver's license or other identifying documents.

I hereby authorize the Salt River Pima-Maricopa Indian Community Finance Department to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Pay Card. This authorization will remain in effect until cancelled by me with written notification to the SRPMIC Finance Department in such time and manner as to allow SRPMIC and US Bank a reasonable opportunity to act on it.

I agree that if the Pay Card does not have enough funds for SRPMIC to recover erroneous payment(s), subsequent payments and/or quarterly per capita distributions will be used to repay SRPMIC.

I agree that I have been given a cardholder agreement packet, which includes an explanation of terms and conditions and schedule of fees that are applicable to the Pay Card (included in envelope with card).

This authorization replaces all prior direct deposit and payment election forms I may have submitted for the payment types indicated by me on this form.

Signature: _____ Date: _____

Must be notarized if not submitted in person

STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____

20_____, BY:

(NOTARY SEAL)

PRINT NAME OF SIGNOR _____ NOTARY PUBLIC _____

Internal use only:

Empl ID#: _____

Last 4 SSN: _____

Verify ID copy attached ☐

Staff Initials: _____