



# Columbia Public Schools Payroll Card Application

FOR BUSINESS SERVICES OFFICE USE ONLY
Cust ID # _____
Account # _____

PLEASE FILL OUT INFORMATION BELOW (\* indicates required fields). PRINT LEGIBLY OR TYPE.

\* CPS ID Number: \_\_\_\_\_ \* Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\* First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
(as shown on Social Security card) (as shown on Social Security card)

\* Last Name: \_\_\_\_\_  
(as shown on Social Security card)

(already have one on file and want to use the same one)

\* Name to be put on Card: \_\_\_\_\_  
(Card will only hold 19 characters)

\* Address Line 1: \_\_\_\_\_  
(PO Boxes not allowed)

Address Line 2: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

At least one phone number is required. If you do not have a home or cell phone number, list an emergency contact phone number with contact name.

\* Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

\* Cell Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

\* Other Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Do not have home phone

Do not have cell phone

\_\_\_\_\_  
(Emergency Contact Name)

\* Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\* Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

I have received payroll card information and understand I am responsible for my card and fees.

\_\_\_\_\_  
Employee's Signature

REV 09/2021

PaychekPLUS (Corp)			
You do not have to accept this payroll card. Ask your employer about other ways to receive your wages.			
Monthly Fee	Per Purchase	ATM Withdrawal	Cash Reload
<b>\$0.00</b>	<b>\$0.00</b> domestic <b>\$1.00 + 1%</b> international	<b>\$2.00</b> <sup>1</sup> in-network <b>\$2.00</b> <sup>2</sup> out-of-network	<b>NA</b>
ATM Balance Inquiry (in-network or out-of-network)			\$1.00
Customer Service (live agent or automated)			\$3.00 <sup>3</sup> or \$0.50 <sup>4</sup> per call
Inactivity (Monthly after 6 months of no financial activity)			\$5.00 <sup>5</sup> per month
<b>We charge 6 other types of fees. Here are some of them:</b>			
Purchase Decline Fee (Domestic & International)(NSF)			\$1.00
ATM Decline Fee (NSF)			\$1.00
<small><sup>1</sup> Cardholder will receive one free per calendar month. Central Banccompany and MoneyPass ATMs are surcharge free.</small>			
<small><sup>2</sup> A surcharge fee from the ATM owner may apply. Central Banccompany and MoneyPass ATMs are surcharge free.</small>			
<small><sup>3</sup> Cardholder will receive one free per calendar month.</small>			
<small><sup>4</sup> The first call per pay load is free.</small>			
<small><sup>5</sup> Charged monthly after 6 months of no financial activity.</small>			
<b>No overdraft/credit feature</b>			
Your funds are eligible for FDIC insurance			
For general information about prepaid accounts, visit <a href="http://cfpb.gov/prepaid">cfpb.gov/prepaid</a>			
Find details and conditions for all fees and services in the Cardholder Terms and Conditions			

This card is issued by The Central Trust Bank  
The cardholder agreement can be viewed at [centralbank.net/paychekplus-corp-terms](http://centralbank.net/paychekplus-corp-terms).