



PAYCARD ENROLLMENT FORM

**

SEND COMPLETED FORM TO DS OFFICE **

Mande la forma llena a la oficina de CDS

WE WILL SEND YOU A TEMPORARY CARD TO USE UNTIL YOUR PERMANENT CARD CAN BE MAILED TO YOU (2 TO 3 WEEKS) Le enviaremos una tarjeta temporal para usar mientras le llega la permanente por correo. (De 2 a 3 semanas)

Client /Cliente Name/Nombre		Employer/ Empleador Name/Nombre	
Cash Card – Account Owner Information (Employee)(Please Print Legibly)			
First Name/Nombre:	Middle Initial/Inicial	Last Name/Apellido:	
Street Address/Domicilio		Apartment #/ Numero de apartamento	
City/Ciudad:	State/Estado:	Zip Code/Codigo:	
Home Telephone/Teléfono de Casa:		Date of Birth/ Fecha de Nacimiento: (MM/DD/YYYY): / /	
Social Security Number/Seguro Social: -- --			
Employee Signature/Firma del Empleado		Date/Fecha	

BOTTOM SECTION WILL BE COMPLETED BY CDS IN TEXAS

La Parte de abajo será llenada por CDS IN TEXAS/LIFESPAN-CDS/ DSSW-CDS

LOCATION INFORMATION (All fields must be completed by a company representative)	
Location Name:	Location Number:
Form Completed By:	Telephone Number:

Card Number -- -- --

ATTACH COPY OF CARD