YES, I want to receive the PNC PayCard! Please provide all the following information required for issuance of your PNC PayCard

Cardnolder		- - * *
Information:		* 1
Last Name:		·
		• •
First Name:	Middle Initial:	
•	and the second s	
Social Security Number:		<i>i</i>
. •	Francisco de Artificio de Carte de Cart	
Home Phone Number:	-	
		• ,
Birthdate (MM/DD/YYYY):		3
Mother's Maiden Name:	The Control of the Co	
Home Address:		
Street:		
Street.	Apt. #:	
City:		
City.		
C -1	The state of the s	¥., *
State:	Zip Code:	4
· ·		** :
Mailing Address: (if different i	rom Home Address)	
Street:	Apt. #: +	

City:		
•	was an artist of the second of	
State:	Zip Code:	
	Zip code.	
I acknowledge that the following	fees will apply to my PNC PayCard:	•
Purchases (signature and PIN		FREE
PNC ATM Withdrawal*	, cash back)	\$1.50
Non-PNC ATM Withdrawal*	And the second s	\$1.50
		•
ATM Balance Inquiry		FREE
Teller Cash Advance*	20/ 26 has a self-	\$5.00
Foreign (outside of US) Trans	and the company of th	
Monthly Card Maintenance Fe	e .	\$2.00
Card Replacement (per card)		\$10.00
Rush Card Delivery (added to co	· · · · · · · · · · · · · · · · · · ·	\$15.00
Paper Statement via US Mail		\$5.00
Note: Monthly statements available		·
Operator-Assisted Phone Inqu (waived if calling re: lost/stolen card		\$2.50
Balance Refund Fee (refund o		¢10.00
,		\$10.00
Inactivity Fee (after 6 months of		[°] \$3.00
	Cash Advance after each payroll load is free	AR ATA
A surcnarge may be assessed	I by the ATM owner if not using a PNC or Allpoin	t~ AIM





I hereby authorize <u>United Staffing Agency</u> to deposit my pay to the PNC PayCard. If funds or monies to which I am not entitled are deposited to the PNC PayCard, I hereby authorize employer to initiate a correcting debit to my PNC PayCard to withdraw funds to correct the error or overpayment. I hereby authorize employer to act as my agent to submit my application for the PNC PayCard to PNC Bank, the issuer of the PNC PayCard, and to send and receive communications on my behalf to and from PNC Bank regarding my PNC PayCard. I authorize you to notify employer if you do not issue me a PayCard or if you cancel my PayCard. By using the PNC PayCard, I hereby agree to the Payroll Card Terms and Conditions governing my use of the PNC PayCard that I will receive at the time I receive the PNC PayCard. I agree to provide PNC Bank with such information and documentation as PNC Bank may request, and to cooperate with PNC Bank in verifying such information, to enable PNC Bank to comply with applicable federal and state laws and regulations.

I acknowledge and agree that this authorization may be rejected or discontinued by employer or PNC Bank at any time. I understand that this authorization replaces any previous authorization relating to employer payment to me, and unless terminated by employer or PNC Bank, this authorization will remain in full force and effect until employer 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 PNC PayCard as provided in the terms and conditions I receive with the PNC PayCard.

Important Information about Procedures for Opening a New Account To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each cardholder that opens an account. Because you are enrolling for the PayCard service, you are being asked to provide your name, address, date of birth and other information that enables PNC Bank to identify you.

Employee Signature:	
Employee Name (please print):	
Employee ID Number:	
Date:	

Please submit this form to your PayCard Program Administrator

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Bank deposit products and Treasury Management Services are provided by PNC Bank, National Association,

Member FDIC.



