

Prepaid Card Solutions Card

Cardholder Enrollment Form

1. Enrollment Election

YES, I want to apply for the Prepaid Card Solutions Card offered by _____ (“Sponsor”).

2. Notice to Applicant

Wells Fargo Bank, N.A (Bank) issues the Prepaid Card Solutions Card. 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 person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

3. Please provide your Personal Identification Information—Required

Legal First Name	Middle Initial	Legal Last Name	
_____	_____	_____	
Date of Birth (mm/dd/yyyy)	Social Security Number	Home/Cell Phone Number	
_____	_____	_____	
Physical Residential Address (no P.O. Box)*	City	State	ZIP Code
_____	_____	_____	_____

*Wells Fargo requires an Applicant to provide a physical residential address. If no physical residential address exists, Applicant may provide a rural route number or a description of where the Applicant lives.

Country of Permanent Residence	Country of Citizenship
_____	_____

Applicant may provide a mailing address (P.O. Box is acceptable) if mailing address is different from physical residential address.

Mailing Address	City	State	ZIP Code
_____	_____	_____	_____

4. Enrollment Agreements, Authorizations and Signature of Applicant

I represent and warrant to Sponsor that the Personal Identification Information in Item 3 is true and correct, and I agree to notify Wells Fargo of any change to my Personal Identification Information.

I authorize Sponsor to send my Personal Identification Information to Bank in furtherance of my enrollment for a Prepaid Card Solutions Card.

If Wells Fargo determines it needs additional information to complete the Prepaid Card Solutions Card enrollment process, I agree to provide requested documentation to Wells Fargo and Sponsor.

I authorize Sponsor to load certain funds from Sponsor to me to my Prepaid Card Solutions Card and, in the event that any funds are loaded in error, to correct the error and un-load such funds.

I agree that Sponsor may discontinue actions pursuant to one or more of these authorizations in its sole discretion and without notice to me.

I agree that these authorizations replace any previous authorizations relating to my enrollment with Sponsor for a Prepaid Card Solutions Card.

I agree that these authorizations will remain in full force and effect unless and until: (i) Sponsor discontinues actions pursuant to one or more of the authorizations; (ii) I submit written notice to Sponsor that I intend to terminate one or more of the authorizations, and Sponsor has a reasonable period of time to act on such notice; or (iii) I have terminated the Prepaid Card Solutions Card pursuant to the Terms and Conditions for card use provided to me by Bank.

Applicant Signature	Date
_____	_____

Note to Sponsor:

Within 24 hours of submitting the card order, please email or fax this form to Wells Fargo Bank (PrepaidCardholderAgreements@wellsfargo.com or 1-855-371-4508).