

# Debit Card & Direct Deposit Enrollment Form

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Employer name \_\_\_\_\_

Employee name \_\_\_\_\_ SSN \_\_\_\_\_

D-O-B \_\_\_\_\_ E-mail \_\_\_\_\_

Home address \_\_\_\_\_  
Street city state zip

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

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**Yes!** Send me a *Qualified Benefits DEBIT CARD*

I understand that the take care debit card will only pay for expenses at qualified locations. I understand my take care card can be used to pay for expenses from my account, or I can request reimbursement for expenses paid by me where the card is not accepted.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Yes!** Please DIRECT DEPOSIT my reimbursements into my account so I receive my money 3-5 days faster.

Account # \_\_\_\_\_ Routing # \_\_\_\_\_

I understand that by electing Direct Deposit for my reimbursements, I will receive an ACH deposit into my account rather than a paper check through the mail.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

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