



CARA Payroll Card Customer Form

Expected Current Number of Card Holders:

Expected Number of Card Holders Within 6 Months:

Card Delivery Option: Card Holder Company Address

Pay Frequency:

Company Name:

Describe Your Direct Deposit or Funding Method:ⁱ

Web Site:

Street Address:

City:

State:

Zip:

Contact Name (First & Last):

Contact Phone:

Contact Email:

Contact Fax:

Access to employer portalⁱⁱ: Yes No

Private Label Requestⁱⁱⁱ: Yes No

Describe the nature of the business:^{iv}

Please send information on our additional products:

[Direct Deposit Payroll Service](#)

[Free Rx Card](#)

[Accidental Health Benefits](#)

[VSP vision benefits](#)

[Cost Control Software](#)

[International Health Insurance](#)

[Accidental Death & Dismemberment Worksite Insurance](#)

Account Manager: ^v

ⁱ Payroll System, ADP Payroll, Bank of America Payroll, ACH Payroll, Paychex, Bank Account, Etc.

ⁱⁱ Required for company to setup card account information in payroll system

ⁱⁱⁱ There will be a \$1,000 fee for a custom card and a 4-6 week waiting period.

^{iv} What type of products lines sold, industry line, etc.

^v Name of agent, broker, or referring party