



Enrollment Form

Employer or Organization Name: _____

Name: _____

SSN#: _____ Phone: _____ Birthdate: ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

I acknowledge and understand that many services of the card do not carry any fees while others, such as cash withdrawals from ATMs, may generate a service fee. I understand that the full schedule of fees will be included with my card in the Cardholder Agreement. By signing this document I agree to receive a Card of America.

Amount to be deposited: Card of America _____% Other: _____%

Signature of Applicant: _____ Date: _____

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Waiver of Participation

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