



Directocash Paycard Enrollment Form

Name	M.I.	Last Name
Street Address		City State Zip Code
Home Phone or Work Phone		Email Address
Social Security Number (TIN)		Date of Birth (Month/Day/Year)
Name of Company (Employer)		Secret Word

Terms and Conditions

I, the Applicant, have been provided a copy of the Account Terms and Conditions, including the Electronic Funds Transfers, Funds Availability, Right to Financial Privacy and Directo's Customer Identification Program and agree to all terms and conditions contained therein. I confirm the provided information is correct and falls under the terms of the Patriot Act. I also certify that the TIN given above is correct and I am not subject to IRS backup withholding. I understand that I may be eligible 30 days after my first deposit for a Directoplus Visa Card. If eligible, I will be sent a Directoplus Visa card to the address above and will be charged a \$14.95 non-refundable setup fee and \$2.00 a month thereafter. No Visa setup or monthly fees will be charged unless I check that I wish to receive the Directoplus card, and not until I have reached the eligibility date and my eligibility is confirmed. Eligibility for the Directoplus Visa card is subject to criteria set by Directo and its Bank and not all customers will qualify. With Text Alerts I understand that I will receive a FREE text message to my cell phone each time I am paid. I understand that I am also able to receive additional Text Inquiries anytime for 25 cents each. I understand additional fees may apply from the cell phone company. I understand that by adding my cell phone number on this enrollment form, I hereby opt in/subscribe and authorize Directo or its affiliates, service providers or partners to provide me access to my Directo account balance and related account transactions. I understand that by checking the box I will opt-in to participate in the Emergency Cash program. I will not pay any fees for this benefit, but will be charged \$15 for each usage of overdraft funds. Cardholders may not have both Visa and Emergency Cash. If you sign up for both and are eligible, you will receive the Directoplus Visa. Eligibility for Emergency Cash is subject to criteria set by Directo and its Bank and not all customers will qualify.

<input type="checkbox"/>	I have read and understand all Terms and Conditions associated with the use of my Directo paycard.
<input type="checkbox"/>	I have read and understand Directoplus Visa card eligibility, fees and opt-in for this card upgrade after 30 days.
<input type="checkbox"/>	I have read and understand the Text Alerts program. Cell Phone (_ _ _) _ _ _ - _ _ _ _
<input type="checkbox"/>	I have read and understand Emergency Cash program eligibility, fees and opt-in for this protection.



Customer Signature	Date

Initials	I hereby give my employer permission to share non-public, personal information with Directo and/or Ameris Bank for the purpose of opening and maintaining a checking account.
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Secondary ID verification method:	
<input type="radio"/>	State _____ State ID # _____ or DL# _____ Issue Date: _____ Exp. Date: _____
<input type="radio"/>	Other (circle one): Passport/Military ID / U.S. Permanent Resident Card / U.S. Employment Authorization Card / U.S. Temporary Resident Card / Alien Registration Card / U.S. Govt. Visa / Matricula Consular Card # _____ Issue Date: _____ Exp. Date: _____ If Military, Branch: _____ If Passport, Country: _____

DIRECTO AND HR/PAYROLL USE ONLY

Routing Number: 061192407

Directo Account Number

Assigned Card Number

603226

EMPLOYER METHOD OF IDENTIFICATION

E-Verify Number: _____

Employer Initials: _____