



SKYLIGHT FINANCIAL REQUEST FORM

I. EMPLOYEE INFORMATION

_____ LEGAL FIRST NAME MI LAST NAME			_____ PRIMARY PHONE NUMBER
_____ PERMANENT ADDRESS (NO P.O. BOXES) LINE 1			_____ DATE OF BIRTH (MM/DD/YYYY)
_____ PERMANENT ADDRESS (NO P.O. BOXES) LINE 2			_____ SOCIAL SECURITY NUMBER
_____ CITY	_____ STATE	_____ ZIP CODE	IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW CARD ACCOUNT: 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 a Card Account. What this means for you: When you open a Card Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. <u>WE REQUIRE A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.</u> In accordance with federal regulations, until it is activated and registered, a prepaid debit card is subject to initial load limitations, may not be used for international transactions or account-to-account transfers, or be reloaded.
_____ CARD MAILING ADDRESS (IF DIFFERENT FROM PERMANENT) LINE 1			
_____ CARD MAILING ADDRESS (IF DIFFERENT FROM PERMANENT) LINE 2			
_____ CITY	_____ STATE	_____ ZIP CODE	
_____ CARD MAILING ADDRESS (IF DIFFERENT FROM PERMANENT) LINE 2			

Please indicate how much of your Net Pay you would like deposited to the SkyLight PayOptions Program:
_____ % of Net Pay OR Specific Dollar Amount \$ _____ OR Remainder of Net Pay

II. EMPLOYEE AGREEMENT- Return the completed, signed and dated application to your employer.

The SkyLight PayOptions Program and your SkyLight ONE Card are governed by the Cardholder Agreement, including the Fee Schedule. Read the Cardholder Agreement, Fee Schedule and Privacy Notice before you activate your SkyLight Account and SkyLight ONE Card. By activating your SkyLight Account, using your SkyLight ONE Card for any purchase or ATM transaction, or using a SkyLight Check, you agree to be bound by the Cardholder Agreement and Fee Schedule.

Please complete, sign and provide this form to Employee Liability Management. By signing below, you : (1) acknowledge and agree that you have chosen the SkyLight PayOption Program and that you were given the opportunity to review the Cardholder Agreement, Privacy Policy, and Fee Schedule in advance; (2) authorize Regions Bank to establish your SkyLight Account and issue your SkyLight ONE Card; and (3) authorize your employer to: (a) transmit the information that you have provided to SkyLight and Regions Bank, (b) deposit your wages into your SkyLight Account, all subject to the Cardholder Agreement and Fee Schedule and (c) in accordance with the Fee Schedule you will be charged for a replacement card.

EMPLOYEE SIGNATURE _____
DATE

III. CLIENT INFORMATION

COMPANY NAME _____
CLIENT NUMBER