



Activation (Activación) or

Cancellation (Cancelación)

**NETSPEND SKYLIGHT ONE VISA/ATM PREPAID CARD ACTIVATION/CANCELLATION REQUEST
PETICIÓN DE ACTIVACIÓN/CANCELACIÓN DE TARJETA VISA SKYLIGHT ONE DE NETSPEND**

Name (Nombre): _____ SSN (Numero de Seguro Social): _____

Client Company Name (Compañía del Cliente): _____

Dollar Amount (Cantidad del Dólar): \$ _____ or Percentage (Porcentaje): % _____

Please Note: Funds transferred by electronic transmission normally will post to accounts in two to three business days after the payroll is processed. Employees remain responsible for verifying that funds are deposited, clear and available prior to writing checks or debiting account.

Anote: Fondos transferidos por transmission electronica normalmente estan disponibles en una cuenta entre dos a tres dias despues que la nomina es procesada. El empleado sigue responsable en verificar que los fondos estan depositados, aclarados, y disponibles antes de escribir un cheque or hacer un debito a la cuenta.

With the **Skylight ONE Visa-Prepaid Card**, cardholders have a convenient way to get paid. Because funds are sent to your Skylight Account, you can receive your wages electronically, minimizing the time, cost and travel associated with obtaining and cashing a paper check. Employees who choose to enroll can have their payroll direct deposited to their Skylight Account. There is no cost to activate, and there are many ways to access your funds at no cost. Some fees may be charged depending on how you use the card. A full list of fees is included in the materials provided with your card. Use your card everywhere Visa Debit is accepted—online, in stores, and over the phone. Subject to activation and ID verification

****HOLIDAY NOTICE A VISO DE DÍAS FERIADOS ****

ANY HOLIDAYS WHEN YOUR BANKING FACILITY IS CLOSED, PLEASE ALLOW ONE ADDITIONAL BUSINESS DAY FOR DIRECT DEPOSITS TO POST.

*POR FAVOR, TAMBIÉN PERMITEN UN DÍA DE NEGOCIO PARA QUE LOS DEPÓSITOS DIRECTOS SEAN PROCESADOS DURANTE LOS DÍAS FESTIVOS.*****VERY IMPORTANT MUY IMPORTANTE****

YOUR CARD WILL NOT BE ACTIVATED UNTIL THIS FORM IS COMPLETED AND ACCEPTED BY A SOUTHEAST PERSONNEL LEASING, INC. REPRESENTATIVE AND ID VERIFICATION.

SU TARJETA NO SERÁ ACTIVADA HASTA QUE ESTA FORMA SE HAYA COMPLETADO Y ACEPTADA POR UN REPRESENTANTE DE SOUTHEAST PERSONNEL LEASING, INC. Y VERIFICACION DE IDENTIDAD.

I grant my employer the right to correct any electronic funds transfer, resulting from an erroneous overpayment, by debiting my account to the extent of such overpayment.

Le concedo el derecho a mi empleador para corregir cualquier transferencia electrónica de fondos, como consecuencia de una paga errónea en excesivo, debitando mi cuenta en la medida de dicho exceso.

Please allow up to two weeks for initial setup, any changes, or cancellation to take effect.

Por favor permita dos semanas para la instalación inicial, para que los cambios, o la cancelación para surta efecto.

Signature (Firma): _____ Date (Fecha): _____