



Activation (Activación) or

Cancellation (Cancelación)

**BANK OF AMERICA CASHPAY VISA/ATM PREPAID CARD ACTIVATION/CANCELLATION REQUEST
PETICIÓN DE ACTIVACIÓN/CANCELACIÓN DE TARJETA VISA CASHPAY DE BANK OF AMERICA**

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.

The CashPay Card (“Card”) provides a dependable, safe, optional, and convenient way to receive and access my pay with the following features: (i) eliminates the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed; (ii) immediate, worldwide access wherever Visa brand is accepted for ATM cash withdrawals, bank-branch withdrawals, and store purchases. I am automatically eligible for the Card and there is no application or approval process. There is no monthly service charge for the Card as long as I am employed by SPLI. All the transaction fees are listed in the Welcome Kit.

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

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): _____