

## Payroll Cardholder Enrollment Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

You will receive an Kurense iPay card with your paycheck once your request has been processed. Please activate this card in order to receive your iPay card within 7-10 business days.

Please register your iPay card upon receiving it in the mail and your funds will be deposited onto the Account.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this Enrollment Form to:

**TANDEM HR**

**Your Solution Center  
YSC@TandemHR.com  
Fax: 630.468.9198**