

Cardholder Enrollment Form

First Name: _____ Last Name: _____

Date of birth: _____ Phone: _____

Email: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Last 4 digits of SSN: _____

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
Attn: Your Solution Center
yoursolutioncenter@tandemhr.com
2400 Wolf Road, Westchester, IL 60154

Fax: 630.468.9198