

# Payday is about to become easier, safer and more convenient!

**SIGN UP  
NOW**

**Have your pay automatically deposited to your own Visa® PAYCHEK PLUS!™ Card.**

***Electronic Payroll - Take the headaches and hassles out of getting paid. Don't waste any more time going to check-cashing services or standing in line to get your paycheck cashed. Switch to electronic payroll today!***

**With your new personal Visa PAYCHEK PLUS! Card you can:**

- Make purchases everywhere Visa® debit cards are accepted.
- Shop online, by phone, and mail order too.
- Get cash worldwide at ATM machines displaying the Visa/Plus logo.
- Get cash back with purchases at many major retailers.
- Pay your bills in the privacy of your own home.



## Just the Facts:

- **No one is turned down.**
- **No credit checks.**
- No more expensive check cashing fees.
- No more time spent getting/cashing your check.
- Initial card purchase is \$5.00.
- Direct Deposit fee is \$2.00, each time a deposit is made into the card account.
- 1 FREE Allpoint ATM transaction per direct deposit.  
Locate Allpoint ATM's at [www.allpointnetwork.com](http://www.allpointnetwork.com).
- No bills or cash required up front...all fees are deducted automatically from your card.
- Your card can be replaced...cash cannot. If you lose your card call 1-800-653-9220.
- This is not a credit card...you are loading the card with your money.
- Always consider all fees before using ATMs or accessing cash at banks  
...you must leave enough money on the card to cover those fees.
- Approximately 10 days after you enroll, your card will arrive at your address via the mail.
- After receiving your card, call the number on the card to activate and to select your PIN.
- Customer service is available 24 hours a day, 7 days a week at 1-800-653-9220.
- Account activity can be checked online at [www.paymastr.com](http://www.paymastr.com).



			Office use only.
			Card Level
Company		Misc. (Company code, Case number, Store number)	
First Name	Middle Initial	Last Name	
Address			Apt. #
City	State	Zip	Email address
Home Phone	Work Phone	Social Security Number	
Date of Birth (mm/dd/yy)	Mother's Maiden Name	Driver's License Number / State of Issue	
<small>I hereby authorize _____ (employer) to deposit my pay to the Visa® PAYCHEK PLUS!™ Card. If funds or monies to which I am not entitled are deposited to the PAYCHEK PLUS! Card, I hereby authorize my employer to initiate a correcting debit to my PAYCHEK PLUS! Card to withdraw funds to correct the error or overpayment. I hereby authorize my employer to act as my agent to submit my application for the PAYCHEK PLUS! Card to First Federal Savings Bank Of The Midwest, the issuer of the PAYCHEK PLUS! Card, and to send and receive communications on my behalf to and from FSV Payment Systems regarding my PAYCHEK PLUS! Card. By using the PAYCHEK PLUS! Card, I hereby agree to the terms and conditions governing my use of the PAYCHEK PLUS! Card that I will receive at the time I receive the PAYCHEK PLUS! Card. I acknowledge and agree that this authorization may be rejected or discontinued by my employer or FSV Payment Systems at any time. I understand that this authorization replaces any previous authorization relating to my employer payment to me, and unless terminated by my employer or FSV Payment Systems, this authorization will remain in full force and effect until my employer has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the PAYCHEK PLUS! Card as provided in the terms and conditions I receive with the PAYCHEK PLUS! Card. The USA Patriot Act requires FSV Payment Systems to obtain, verify and record information that identifies each person or business that opens a new account. By completing or otherwise providing this application and/or the information on it, the Cardholder agrees to provide and consents to FSV Payment Systems obtaining if necessary from third parties, Cardholder's name, residential address, date of birth and social security number to verify Cardholder's identity.</small>			
Employee Signature _____		Date _____	
Return form directly to Paymastr by fax to 1-800-594-0989/303-449-5353, or submit information directly to your employer.			
<small>STD-PLUS-EN-200-01.05</small>			