



NEXSCARD

Store Name: _____
Back of Card #: _____
Teller Username: _____

Direct Deposit Authorization

For Social Security and/or Supplemental Security Income Payments

By signing below, I authorize the issuer of the NexsCard™ Prepaid Debit Card to transact on my behalf for those or whom I have legal guardianship to have my Social Security, Supplemental Security Income, or other Federal Benefit payment(s) loaded via direct deposit on my NexsCard™ Prepaid Debit Card. I understand that I will continue to be charged an Agent Service Fee on my NexsCard™ which will be paid to my Agent. I also understand that the Agent Service Fee is subject to change upon the request of my Agent without any prior notice.

Cardholder Signature* _____ Date* ____/____/____

Print Name* _____ Social Security Number* ____-____-____

Benefit Type for Cardholder* (req'd)

Social Security

Date Received _____

or

Supplemental Security Income

Date Received _____

SS Disability

SS Survivors Benefit

Civil Service Retirement

Civil Service Survivor

Veterans Comp./Pension

Veterans GI Bill

Beneficiary Information (If "For the Benefit Of", the following MUST be completed)

1. Full Name: _____

Benefit Type: _____

Social Security Number ____-____-____

Date Received: _____

2. Full Name: _____

Benefit Type: _____

Social Security Number ____-____-____

Date Received: _____

Early Access (optional)

By signing below, I elect to enroll into Early Access. I understand the Early Access allows me to have my funds loaded up to four days before the direct deposit effective date and that I will be charged an Early Access fee in addition to the Agent Service Fee as indicated on the Cardholder Agreement on my NexsCard™ Prepaid Debit Card. I also understand that there is no requirement to participate in Early Access to receive Direct Deposit(s) in this program.

Cardholder Signature _____ Date ____/____/____

See the Cardholder Agreement and Fee Schedule for important information regarding NexsCard fees.

FAX TO (516) 977-8086