

Kaye Personnel Inc. has elected to pay electronically. Please mark below your choice for electronic payment and fill out the appropriate information for either Direct Deposit or Pay Card and return to us ASAP.

Kaye Personnel Inc.  
P O BOX 3530  
Cherry Hill, NJ 08034

Printed Name: \_\_\_\_\_

Social security # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Direct Deposit – Attach voided check

Name of Bank \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

\_\_\_ Payroll Card – Fill out the attached form



# MyLink Card Enrollment Form

**SECTION 1: CARDHOLDER INFORMATION** All information is required

Employee Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
(No P.O. Boxes)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number (10 digits): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr

United States Citizen:  Yes  No Social Security or Individual Taxpayer Identification Number \_\_\_\_\_

Photo Identification *(Please check and complete one that applies.) At least one ID listed below is required for enrollment.*

U.S. Driver's License  
State of Issuance: \_\_\_\_\_  
Number: \_\_\_\_\_  
Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr

Other Govt. Issued Photo Identification  
(Example: Matricula Consular Card)  
Type: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_  
Number: \_\_\_\_\_  
Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr

U.S. Issued Alien Identification Card  
Number: \_\_\_\_\_  
Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr

Passport  
Country of Issuance: \_\_\_\_\_  
Number: \_\_\_\_\_  
Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mth Day Yr

**SECTION 2: AUTHORIZATION AND ACKNOWLEDGEMENT**

BY SIGNING BELOW:

- I am requesting a BB&T MyLink Card. I authorize \_\_\_\_\_ (employer) to deposit my salary and other compensation to a payroll card to be issued by Branch Banking and Trust Company, Member FDIC. If funds to which I am not entitled are available through the payroll card, I authorize my employer to direct BB&T to debit the card in the amount of these funds. I also authorize BB&T to release information to my employer for the purpose of servicing the payroll card. This authorization will remain in effect until I have cancelled it by written notice to my employer and my employer and BB&T have had a reasonable opportunity to act on it.
- I acknowledge receipt of the MyLink Card Terms & Conditions and a copy of the Fee Schedule. I agree that my use of the BB&T MyLink Card constitutes my agreement to the Terms and Conditions that govern the use of the card.
- Important Information About Our Identification Procedures. To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain, verify, and record information that identifies each person who requests a Card. What this means to You: You will be asked to provide Your name, address, date of birth, and other information that will allow Us to identify You. You may also be asked to provide your driver's license or other identifying documents.

I have executed this enrollment form freely and voluntarily.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 3: EMPLOYER/OFFICE USE ONLY**

I attest that I have examined the identification presented by the above-named employee and the identification appears to be genuine and to relate to the above-named employee, and that I have provided the Payroll Card Terms and Conditions and a copy of the Fee Schedule to the employee.

Manager Signature \_\_\_\_\_

Date \_\_\_\_\_