



Employer and User Setup

REQUIRED FIELDS ARE IN BOLD

EMPLOYER SET-UP INFORMATION			
Business Name:		Business Address 1:	
Business EIN/TIN:		Business Address 2:	
Business Website:		City:	
Employer Payroll Email:		State:	
Years in Business:		ZIP:	
Type of Business:		SIC Code (if available)	
Business Contact Name:		Contact e-Mail	
Contact Phone #:		Contact Fax #:	
Total # of Employees		Estimated Total # of PayCards:	
USER SET-UP INFORMATION – USER 1		USER SET-UP INFORMATION – USER 2	
Program Administrator First Name:		Program Administrator First Name:	
Program Administrator Last Name:		Program Administrator Last Name:	
Email:		Email:	
Phone #		Phone #	
USER SET-UP INFORMATION – USER 3		USER SET-UP INFORMATION – USER 4	
Program Administrator First Name:		Program Administrator First Name:	
Program Administrator Last Name		Program Administrator Last Name	
Email:		Email:	
Phone #		Phone #	

As an authorized representative of the above named company ("Employer"), I acknowledge and agree:

- 1) Employer will ensure that all employees applying for the SmartCash Visa® Payroll Card have been properly identified utilizing US Department of Homeland Security Employment Eligibility Verification, OMB No. 1615-0047;
- 2) Employer certifies the EIN/TIN provided has been issued to the business name listed on this form and is in good standing.
- 3) To provide Motivano with a voided check from a corporate checking account in the name of the business requesting the SmartCash card and a copy of a current business or occupational license.
- 4) Employer will adhere to Automated Clearing House guidelines as to submission of direct deposit information through Employer's bank to provide allowable time for the direct deposit transaction to be applied to the employee account on the date due and that failure to do this may delay the loading of the card;
- 5) Use of the Motivano SmartCash Visa® Payroll Card service is governed by the Motivano SmartCash Visa® Payroll Card - Employer Terms and Conditions, which will be presented for Employer's acceptance a the time of registration on the Motivano SmartCash Employer portal.

Authorized Representative: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

Cardholder Fee Program: _____