

**Progressive Nursing Staffers
Global Cash Card Enrollment and Authorization Form**

Have your pay transferred to your Global Cash Card and use it as a debit card for purchases or ATM withdrawals. Money will be dispersed to card as follows:

Timeslip faxed or dropped off to Payroll department by 11:45 PM, Money transferred by 1 PM
Timeslip faxed or dropped off to Payroll department by 3:45 PM, Money transferred by 5 PM
Timeslip faxed or dropped off to Payroll department after 3:45 PM on Friday, Money transferred by Monday at 1 PM (Times subject to change without notification.) **The times are Eastern Standard Times.**

3 easy steps:

- 1) Complete this form and fax to 877-337-7695 or mail to:
- 2) **Attn: Payroll/Cash Card**
5531 Hempstead Way, Suite B
Springfield, VA 22151
- 3) Your card will be mailed to you. Follow the instructions on the back of card to get a pin number and to activate your card.
- 4) Write "Cash Card" on your timeslip for the payroll department to transfer funds to your Cash Card. Your pay stub will be available to you online at www.progressivenursing.com.

Name _____ SSN # _____

Address _____ Date of Birth _____

Please provide one of the following for an automatic email or telephone notification when the funds are available (Mark only one):

Telephone # (____) _____ **or** Email _____

Place Card here for Copy

I authorize Progressive Nursing Staffers to initiate credit entries and, if necessary, to initiate any actions to reverse or correct an erroneous credit entry to my Pay Card account at First Regional Bank, for the purpose of automatically depositing funds into my account.

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the aforementioned company has received written notification from me of its termination in such time and in such manner as to afford the aforementioned company and First Regional Bank a reasonable opportunity to act on it.

I have read the GLOBAL CASH CARD CARDHOLDER AGREEMENT AND DISCLOSURE.

Signature: _____

Date: _____

Revised 11/2010

For Office Use Only:

