

Valdosta State University
Total Pay Card (Money Network) Enrollment Form

INSTRUCTIONS:

1. PLEASE PRINT ALL INFORMATION LEGIBLY
2. Sign and date the form.
3. Mail completed form to the Payroll Office, University Center.
4. Total Pay Enrollees will receive an email notification from Payroll Services when their card is ready for pickup.

CashPay Account Owner Information (Please Print)

| | | |
|---|---|----------------------------|
| First Name | Middle Initial | Last Name |
| Street Address (PO Boxes are not allowed) | | Apt # |
| City | State | Country |
| | | Zip Code |
| Home Telephone (Area Code Required) | Other Telephone (Area Code Required) | Date of Birth (MM/DD/YYYY) |
| Social Security Number | Other legal form of ID if non-U.S. Individual (Passport or Resident Alien Card #) | |
| Employment Occupation | Country of Citizenship | Country of Residency |
| Source of Income | VSU Email Address | |
| Valdosta State University | @valdosta.edu | |

AUTHORIZATION

I hereby authorize Valdosta State University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Total Pay Account indicated above and the financial institution named above to credit and/or debit the same to such account. This authority is to remain in effect until Valdosta State University has received WRITTEN notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

 Employee Signature

 Date

Return to: Payroll Office, University Center

Payroll Use Only

| | |
|---------------------|-------------------------|
| Date Entered in EV5 | Enrollment Completed By |
|---------------------|-------------------------|