



## ENROLLMENT FORM

Information gathered from you is kept confidential, will not be used for any other purpose, and will not be shared with others except as to provide services to you as you request or if required by law. No credit check or inquiry will be performed. For a complete copy of our policy visit [www.caramoneycard.com](http://www.caramoneycard.com). Fax: (831) 621-4918 Email: [moneycard@a1enterprise.com](mailto:moneycard@a1enterprise.com).

### NAME

Your name, as it should appear on the card.

First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

### ADDRESS

Your home address, phone and email address.

Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ (If you do not have an email address, indicate "NONE")

### SOCIAL SECURITY NUMBER:

If you do not have a Social Security Number use a passport number, federal tax ID, Green Card, Matricula Consular ID, or a work/student visa number. You will need this number with you when you activate your card.

Number: \_\_\_\_\_ Type: \_\_\_\_\_ (ex: SSN, Green Card, Matricula Consular ID, etc)

Issued by what government, state, or other authority: \_\_\_\_\_ (ex: USA, Mexico, State of Georgia, etc)

### ROUTINE SOURCE OF INCOME

List the name and address of one routine source of income (W-2 employer, contract, bank, pension, alimony, etc.) that will direct deposit to this card.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

### ADDITIONAL INFORMATION

You may be asked to verify any, or all, of this information when contacting our customer support services.

Language:  English  
 Spanish

The language you select will determine the language of our printed fulfillment and other printed communication materials.

Gender:  Male  
 Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM / DD / YYYY)

City of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

By my signature below, I certify that the information provided above is true and accurate. I certify my request that a CARA MoneyCard be issued to me in my name. Upon receipt of the CARA MoneyCard I will review the Terms and Conditions associated with the Card. Activation of the Card means that I agree to the Terms and Conditions and will abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date