

Payroll Management Spousal/Dependent Debit Card Request Form

REMIT TO:

Email: customerservice@wedopayroll.com

Fax: 540-725-1977

Mail: Payroll Management
PO Box 21306
Roanoke, VA 24018

Use this form to add or remove a spousal/dependent card to your flexible spending account expenses at the point of service, the spousal/dependent card allows the additional card carrier to do the same. This service is only available if allowed by your employer

REQUIRED INFORMATION

Employer Name:	
Employee Name:	
Employee SSN:	

I request a debit card be mailed to the spouse/dependent listed below.
I request that the spousal/dependent card listed below be deactivated

Spouse/Dependent Information

Name:			
SSN:		Birth Date:	
Email:		Phone:	
Relationship:	Spouse	Dependent	
Full Time Student:	Yes	No	

EMPLOYEE CERTIFICATION:

I understand that I am responsible for all charges made with the additional card. I understand that additional cards may not be available if my employer has not authorized this plan feature. If I am responsible for the debit card fees, I understand that I will be responsible for the debit card issuance fee for the additional card(s).

Employee Signature: _____ Date: _____

FOR INTERNAL USE ONLY

Date Received: _____ Date Entered: _____ Processor Signature: _____

Employer group plan allows Spousal/Dependent cards: Yes No