ACO | AUDITOR CONTROLLER
COUNTY OF RIVERSIDE

PAYCARD ENROLLMENT FORM

** SEND COMPLETED FORMS TO YOUR PAYROLL CENTER **

Account Number _____

Global Cash Card – Account Owner Information (Please Print Legibly)

First Name:	Middle Initial:	Last Name:
Street Address:		**Apartment #:**
City:	**State:**	**Zip Code:**
Home Telephone: ( )		**Date of Birth (MM/DD/YYYY):**
Social Security Number: -- --		**Employee ID #:**

_____

Employee Signature   **Date**

Entered By:	**Verified By:**
Date Received:	**Date Enter:**

COMPLETE AND RETURN TO ACO PAYROLL – MAIL STOP 1160 OR FAX TO 951-955-3814

For questions – Call 951-955-3810 or email ACO_Payroll@rivco.org

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