

ATM [Allpoint] or OTC teller withdrawal.

1x FREE per deposit.

Web or Phone [IVR]inquiry

Unlimited, FREE

Signature-based or PIN debit purchasing

Unlimited, FREE

Bill payment using the Card Account

Unlimited, FREE

Return this enrollment form to your employer.

First Name (Mr/Mrs/Ms) ML

Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____

Social Security Number _____

Email Address _____

I authorize _____ (employer) to direct deposit my compensation to my smartOne Pay Card each pay period. If funds to which I am not entitled are deposited to my smartOne Pay Card, I authorize my employer to direct First National Bank of Omaha, the issuer of the smartOne Pay Card, to return the funds. I agree to comply with the Cardholder Agreement that I will receive at the time I receive my smartOne Pay Card. Enrollment is optional.

Employee Signature

COMPLETE AND RETURN TO ACO PAYROLL – MAIL STOP 1160

