

## SPECIAL DISTRICT ENROLLMENT FORM

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) \_\_\_\_\_ NJ

Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home Telephone \_\_\_\_\_

Employee Number \_\_\_\_\_

Email Address \_\_\_\_\_

I authorize County of Riverside (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 \_\_\_\_\_

Auditor-Controller  
 Payroll Division  
 PO Box 1326  
 Riverside, Ca 92502  
 Fax to (951) 955-3814  
 Email to [aco\\_payroll@co.riverside.ca.us](mailto:aco_payroll@co.riverside.ca.us)

**COMPLETE AND RETURN TO ACO PAYROLL**



COUNTY OF RIVERSIDE AUDITOR-CONTROLLER'S OFFICE  
 Serving Riverside County since 1893

smartOne™