Payment Card Authorization Form

(Note: this card is only available to providers who use a social security number ***(and do not use an Employee Identification Number – EIN),*** *do not have a bank account, and are unable to obtain one. If you use an EIN, you must complete the direct deposit authorization form.)*

You must complete, sign, and return this form to request a Payment Card. All requested information below must be completed.

USA Patriot Act: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens a prepaid account. What this means for you: When you apply for this prepaid account card. We will ask for your name, address, date of birth, and other information (including your Social Security number) that will allow us to identify you. We may also ask to see your identifying documents. You agree to provide valid and accurate identifying information. We will use account validation system and procedures to verify the identifying information you provide. We reserve the right to deny, cancel, or revoke the use of your account and access devices if we suspect you have provided false or misleading information.

Name

Provider ID | **Social Security Number (last 4 digits)**

Address (number and street; apartment number) ***Provide personal home address only.***

City, State, Zip

Home Telephone Number | **Cell Phone Number**

Date of Birth (month/day/year) | **Email Address**

Authorization

By providing my signature below:

- **I certify that the above information is accurate and true.**
- **I understand that a payment card may not be issued to me if my information cannot *be* verified or is not consistent with their eligibility requirements.**

Provider Signature | **Date**

Send your completed form and the completed YMS Terms & Conditions and IRS W9 forms to Voucher Payment Customer Service.

By Email : DFS.VPCS@acs.nyc.gov

By USPS Mail: YMS
PO Box 968
Peck Slip Station
New York, NY 10272-0968

By Fax: 212-313-3115 (provider must call to advise when fax is sent)
By ACS Phone Number: 212-835-7610, press #

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