

Wells Fargo Stagecoach® Prepaid Card

Cardholder Enrollment Form

1. Enrollment Election			
☐ YES, I want to receive a Wells Fargo <i>Stage</i>	oach Prepaid Card.		
2. Notice to Cardholder			
Wells Fargo Bank, N.A (Bank) issues the reloada laundering activities and terrorism funding, Ba Prepaid Card. If you elect to receive a Wells Far In addition, the Bank may also ask to see your	nk obtains, verifies and records information go <i>Stagecoach</i> Prepaid Card, you must provi driver's license or other identifying documer	to identify each indi de the Personal Ider	vidual receiving a Wells Fargo Stagecoach
3. Please provide your Personal Iden First Name	Middle Initial	Last Name	
	I	I	
Date of Birth (mm/dd/yyyy)	Social Security Number/ITIN	Home/Cell Phor	e Number
Home Street Address (no P.O. Box)*	City	l State	ZIP Code
	1	1	1
*Wells Fargo requires cardholder to provide a description of where the card holder live.	physical home address. If no physical home	address exists, cardl	nolder may provide a rural route number
Country of Permanent Residence	Country of Cit	izenship	
In addition, cardholder may provide a mailing	address (P.O. Box is acceptable) if mailing ad	dress is different fror	n physical home address.
Mailing Address	City	State	ZIP Code
4. Enrollment Agreements, Authoriza	ations and Signature of Cardholder		
I represent and warrant to [Name of Corporate to notify Sponsor of any change to my Person		ntification Informatio	on in Item 3 is true and correct, and I agre
l authorize Sponsor to send my Personal Ident	ification Information to Bank in furtherance	of my enrollment for	a Wells Fargo <i>Stagecoach</i> Prepaid Card.
If Wells Fargo determines it needs additional ir requested documentation to Wells Fargo or Sp		ecoach Prepaid Carc	l enrollment process, I agree to provide
l authorize Sponsor to load certain funds from in error, to correct the error and un-load such	. , , , , ,	h Prepaid Card and,	in the event that any funds are loaded
l do □ do not □ authorize Sponsor to act as and other materials on my behalf and deliver s		ach Prepaid Card pa	ckets, transaction history statements,
I agree that Sponsor may discontinue actions	oursuant to one or more of these authorizat	ons in its sole discre	tion and without notice to me.
l agree that these authorizations replace any p	revious authorizations relating to my enrollr	nent with Sponsor f	or a Wells Fargo <i>Stagecoach</i> Prepaid Card.
I agree that these authorizations will remain in authorizations; (ii) I submit written notice to Sp of time to act on such notice; or (iii) I have tern me by Bank.	oonsor that I intend to terminate one or mor	e of the authorizatio	ns, and Sponsor has a reasonable period
Cardholder Signature	Date		
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