

ReliaCard[®]

ENROLLMENT FORM



Send the completed form to:

WASHINGTON COUNTY
DEPT OF HOUSING SERVICES
EFT / ACH COORDINATOR
111 NE LINCOLN ST STE 200-L MS 63
HILLSBORO, OR 97124-3082

Your card will be mailed to the address
provided in 5-7 business days.

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone Number:

Social Security Number:

Date of Birth:

Email Address:

Important Information About Procedures For Opening A New Account

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 an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I hereby authorize my government agency to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ReliaCard. This authorization will remain in effect until cancelled by me with written notification to my government agency.

Signature:

Date: