Bankers Trust MyPayCard Close Card Form

Complete this form to close a *MyPayCard* account. The card(s) will be closed within 60 days of the termination of employment unless requested to be closed earlier as noted in the Card Contingent on Employment section of the *MyPayCard* Terms and Conditions. The employee may continue to use the card during this 60-day period. If there are funds remaining on the card at closing, they can be withdrawn via cash advance or Bankers Trust can issue a cashier's check or Visa GiftCard for the balance. Fees, as disclosed in the *MyPayCard* Service Fee Schedule, will apply.

Employer Name:					
Employ	ee Name:		-		
Please	select one:				
	Employee was terminated.	Termination Date:	//_		
		Date to be closed (if r			//
	Employee requests to close the card.	Close Date: /	//	_	
Please	select one:				
	Employee will withdraw or use the remaining funds on the card within 60 days.				
	Employee would like a cashier's check issued to the mailing address listed on the MyPayCard account.				
	Employee would like a Visa GiftCard issued to the mailing address listed on the <i>MyPayCard</i> account. (Note: Balance of the MyPayCard must be greater than \$45.00.)				
Last <i>My</i>	<i>PayCard</i> Funding Date://	/			
Employee Signature:			Date:	_//	
Employer Signature: De			Date:	_//	
Employer Phone Number:					
IMPOR	FANT: A Bankers Trust representative will cor	tact the Employer to ve	rify the <i>MyPayCar</i>	d Number.	
Please send the completed form to the Bankers Trust Cards-ATM Department:					
Email: Cards-ATM@bankerstrust.com					
Fax:	(515) 247-0025				
Ba	ank Use Only:				
Em	nployee Card Number:		Employee ID:		
	ocessed by:				
Da	te: / /		Card Closed:	/	/
Fu	nds Dispersed:///////_				
	Cards & ATM			Banke	ersTrust。
	1-844-544-2924			Member FDIC	
	1-044-344-2924				Rev: 11/09/22