

Focus Card™

ENROLLMENT FORM



Fill out this form and return to Children's Hunger Alliance. Your Focus Card will be mailed to the address provided in 5-7 business days.

Provider ID:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Area Code
Phone 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 **Children's Hunger Alliance** to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Focus Card. This authorization will remain in effect until cancelled by me with written notification to **Children's Hunger Alliance**.

Signature:

Date: