



Client Name \_\_\_\_\_

### Powercash Replacement Card Form Lost/Stolen

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number (last 4 digits) \_\_\_\_\_

Lost/Stolen Card Number (last 6 digits) \_\_\_\_\_ Expiration Date \_\_\_\_\_

New/Replacement Card Number (last 6 digits) \_\_\_\_\_ Expiration Date \_\_\_\_\_

- I understand that there is a \$10 charge for each replacement card issued and will be deducted from my account.  
*Comprendo que el cargo para reponer la tarjeta es \$10 por cada tarjeta cual será deducido de mi cuenta.*
- I understand that the PIN of the replacement card will be the last 4 of my Social Security Number.  
*Comprendo que la clave secreta (NIP) de mi tarjeta de repuesto será los últimos cuatro números de mi número de seguro social.*

Employee Signature (firma de empleado): \_\_\_\_\_

Payroll/HR Signature: \_\_\_\_\_

#### Employer Use Only

Register Replacement Card in the Suite Application

Send this form to Brightwell Payments

Scan and email to: Powercashreplacement@brightwellpayments.com

**CARD WILL BE ACTIVATED WITHIN TWO HOURS AFTER RECEIPT OF THE EMAIL.**

**CUSTOMER SERVICE: 404.855.2527**

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#### Brightwell Payments Use Only

Link Cards  Change the status of Lost/Stolen Card to Hot Card

Change the status of New/Replacement card to Active

Change the PIN of new card to be last 4 of Social Security Number

Charge \$10 Replacement Card Fee  Update Notes

Brightwell Payments Customer Service Representative: \_\_\_\_\_  
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