



Department of Family Services Prepaid Debit Card Application

Print Required Information in Field Below

A	First Name	
B	Middle Initial	
C	Last Name	
D	Suffix (Such as Jr)	

E	Street Address (First Line)	
F	Street Address (Second Line)	
G	City	
H	State	
I	Zip Code	
J	Phone Number	
K	Phone Type (0=Home 2=Cell)	

L	Social Security Number	
P	Date of Birth	
Q	E Mail Address	

I hereby authorize the Clark County Comptroller's office to deposit funds into my Bank of America Prepaid Debit Card Account:

Signature

Date

Department of Family Services use Only

1	Vendor Number	
2	Provider Number	
3	Bank of America Debit Number	