

P&A Additional Debit Card Request Form



Fax or mail this completed form to P&A Group.
Toll-free fax: (877) 855-7105 Mailing address:
17 Court Street Suite 500 Buffalo, NY 14202

Company Name:	
Employee Last Name	Employee First Name
Employee Social Security Number	Employee Phone Number
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Employee Mailing Address	Employee E-mail Address

Please forward me one additional card due to the following reason:

- Spouse (please complete section below)
- Child in school (please complete section below)
Date of Birth: / /
- Replacement Card
Was the original card lost or stolen? Yes / No

The following spouse/dependent information must be completed in order to receive an additional card for your spouse or dependent:

Spouse/Dependent Last Name	Spouse/Dependent First Name
Spouse/Dependent Social Security Number	Spouse/Dependent Mailing Address

If you have any questions please contact P&A Customer Service at (800) 688-2611. Customer service hours are Monday- Friday 8:30 AM - 8:00 PM ET.