

Espree Prepaid MasterCard® Application

Complete this application to start taking advantage of the Espree Prepaid MasterCard® Benefits!

Step 1 – Fill in your personal information.

Step 2 – Sign the form.

Step 3 – Fax the form to (866) 213-5533



Step 1

Fill in your information:

First Name

M. I.

Last Name

Social Security Number or Tax ID #

Date of Birth (MM/DD/YYYY)

Home Phone Number

Email Address

Mobile Phone Number

Address

City

State

Zipcode

Employer

Referral Code: EPR _____

Employer Phone Number: _____

Does your employer or benefits provider offer direct deposit?

Y

N

Step 2

I authorize EFX Corp on behalf of FirstView Financial LLC to process my application for an Espree Prepaid MasterCard® issued by MetaBank. I certify that the information that I entered on my application is correct, under penalty of perjury.

Applicant Signature: _____ Date: _____

Step 3

Fax this application to 866-213-5533. Or, mail to:

EFX Corp.
Card Application Department
22103 US Hwy 19 N
Clearwater, FL. 33765

