



Dependent Debit Card Request From

Employer _____

Employee/Participant Name _____

Last 4 digits of SS# _____

Dependent 1 Name _____

Relationship _____

Dependent 2 Name _____

Relationship _____

****Please note that multiple cards cannot be issued with the same name. Each participant and dependent must have their own name on their card****

Please send form to either of the following:

Email – support@awm.cc

Fax – 1-866-226-9774

Authorized Office Personnel Name: _____

Title: _____

Signature: _____ Date: _____