



Select Data Service Administrators, Inc.
 P.O. Box 2076
 Batesville, AR 72503
 Toll-free Fax: 1.888.877.4747



FLEX CONVENIENCE CARD ENROLLMENT FORM

(Please complete and sign form. Please PRINT clearly.)
 - Confidential -

Employer Name: _____ Worksite: _____

Employee Name: _____ Social Security No: _____ - _____ - _____

Complete Mailing Address: _____

Telephone: (_____) _____

E-mail: _____

Number of Cards Requested: _____

Payment Method (\$24 Annual Card Activation Fee):

- Employer Employee

 Signature Date

(*Please complete the following information if requesting for spouse)

Spouse's Name: _____ Social Security No: _____ - _____ - _____

*E-mail: _____

 *Spouse's Signature Date