



International Longshoremen’s Association

PAYROLL CARD ENROLLMENT AND CONSENT FORM

Please complete the following and refer to the second page for associated fees and information.

The address provided below is where your payroll card will be mailed. You will receive the card by standard US Mail within 10 business days in an unmarked white envelope.

Print name: _____

Home address: _____

Home phone: _____

Work number: _____

Home local: _____

I consent to receive my wages by electronic transfer to my Comdata payroll card. I acknowledge that West Gulf Maritime Association or the ILA local has provided me a copy of the cardholder agreement and the schedule of the fees I will incur using my payroll card. I have read, understand, and agree to all of the terms in the cardholder agreement and fees that I will incur using my payroll card.

Signature

Date

Your Activation Code will be your Date of Birth in this format:

M	M	D	D	Y	Y	Y	Y
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Return this completed form to your local or to the West Gulf Maritime Association at 1717 East Loop, Suite 200, Houston, Texas 77029, by facsimile to 855-715-1717, or by email to epayroll@wgma.org.

CARD NEEDS TO BE ACTIVATED