

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
Payroll and Benefits Accounting Department
75 North Pace Blvd, Pensacola, Florida 32505
Fax Number: (850) 469-6353

Rapid Pay Card Replacement

Date: _____

I am requesting a replacement Rapid Pay Card. My original card was:

- * Lost _____
- * Stolen _____
- * Destroyed _____

I have contacted Rapid Pay Card to inactivate card _____ *(please initial)*

Rapid Pay Card Toll Free Number: 1-888-727-4314

Name (Last, First, Middle Initial): _____

Social Security Number (last four digits only): XXX - XX _____

Current Address in Skyward: _____

(This address must be a correct and current address listed in Skyward.)

Phone Number (including area code): _____

I understand that this replacement pay card could take 7-10 working days from today's date to process. _____
(please initial)

We will mail your replacement Rapid Pay Card to the above address when ready.

Please fax this completed form to the Payroll Department at (850) 469-6353.

Employee Signature: _____ Date: _____

FOR PAYROLL AND BENEFITS ACCOUNTING USE ONLY

Payroll Specialist requesting reissue: _____

Date card was reissued to employee: _____