

WAGE PAYMENT ELECTION AND CONSENT FORM

EMPLOYEE INFORMATION *(print and complete all fields)*

First Name	Middle Initial	Last Name
Date of Birth (mm/dd/yyyy) ____ / ____ / ____	Social Security Number ____ - ____ - ____	Employee ID

WAGE PAYMENT ELECTION

Direct Deposit *(indicate amount of deposit to each account type and provide account number)*

Direct Deposit #1 \$ _____ Direct Deposit #2 \$ _____ Direct Deposit #3 \$ _____

Checking Savings Checking Savings Checking Savings

Bank Routing # _____ Bank Routing # _____ Bank Routing # _____

Account # _____ Account # _____ Account # _____

ALINE Card *(indicate amount of deposit)*

You must check one box:

Full Deposit: I want to receive 100% of my full net pay on my ALINE Card every payday

Partial Deposit: I want to receive \$ _____ of my full net pay on my ALINE Card every payday and the remainder will be direct deposit as noted above

I confirm my authorization to be paid through the ALINE Card is fully voluntary. I acknowledge I have received and read the ALINE Card Fee Schedule, Cardholder Agreement, and Privacy Notice. I understand that in order to use the ALINE Card, I will need to accept and agree to the Cardholder Agreement and to pay the fees as indicated on the Fee Schedule by activating my ALINE Card. By electing ALINE Card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request an ALINE Card. **IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD ACCOUNT** - Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open a Prepaid Card account, ADP may require your name, address, date of birth, Social Security number, tax identification number and other information that will allow ADP to identify you. You will not be subject to a credit check.

CONSENT TO DEPOSIT WAGES

I authorize my employer (or its payroll service provider) to initiate credit entries each pay date to deposit my pay (either net or a portion thereof) into the checking, savings or ALINE Card account selected in this election and consent (the "Account"). If funds to which I am not entitled are deposited to my Account, I authorize my employer (or its payroll service provider), to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to my employer (either directly or through its payroll service provider), to the extent permitted by applicable law. I understand that I can change my election at any time by contacting my employer and that this authorization replaces any previous authorizations and will remain in full force and effect until my employer (or its payroll service provider) has received written notification from me of its termination and my employer (or its payroll service provider) and the bank has had a reasonable opportunity to act on said termination.

Employee Signature _____

Date _____

Return this completed application form via fax to (845) 454-1093, or mail to: 2070 Route 52 Building 330D, 2nd Floor
Hopewell Junction, NY 12533