

Employee Signature

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
Residential Address (PO Box is not allowed if electing ALINE Card as wage payment method)			Apt # (if applicable)
City		State	Zip Code
Home Phone Mobil	le Phone) –	Email Address	
WAGE PAYMENT ELECTION			
□ Direct Deposit (indicate amount of deposit and provide account number)			
□Add □ Change □ Stop Checking □ Savings □ Bank Routing 1 # Account 1 # Fixed Amount \$ or % of Net Pay			
□Add □ Change □ Stop Checking □ Sa	□Add □ Change □ Stop Checking □ Savings □ Bank Routing 2 # Account 2 # Fixed Amount \$ or % of Net Pay		account 2 #
Please attach a voided check or a printed document from your financial institution indicating, the transit routing number, account number, type of account (checking or savings), and the account holder(s) name(s).			
Note: Documentation cannot be hand written.			
IMPORTANT: This form will only change your payroll Direct Deposit Information. If you have an Expense Account and would like to add or change the Direct Deposit information for, please contact Accounts Payable.			
□ ALINE Pay Program (Card/Check) ProxyID:			
□ 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 I confirm my authorization to be paid through the ALINE Card is fully voluntary. 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 - To help the government fight the funding of terrorism and money laundering activities, 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. ADP may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.			
I understand that although I will be enrolled in the ALINE Pay Program, I am not required to activate or use an ALINE Card to use the ALINE Check to receive my full net pay. ALINE Check will be the default payment method if no other wage payment method is selected. I also understand that once my ALINE card is activated, I can only utilize the ALINE check(s) if my ALINE card has been reported lost or stolen and I need access to my funds prior to receiving my replacement card.			
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 will review my pay statement to ensure that my wages are being deposited correctly into my Account each payroll period. 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.			

Date