



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 <i>(PO Box is not allowed if electing ALINE Card as wage payment method)</i>				Apt # (if applicable)
City			State	Zip Code
Home Phone () -	Mobile Phone () -		Email Address	

WAGE PAYMENT ELECTION

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

Checking Savings Checking Savings Checking Savings

Bank Bank Bank

Routing # Routing # 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

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** - 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.

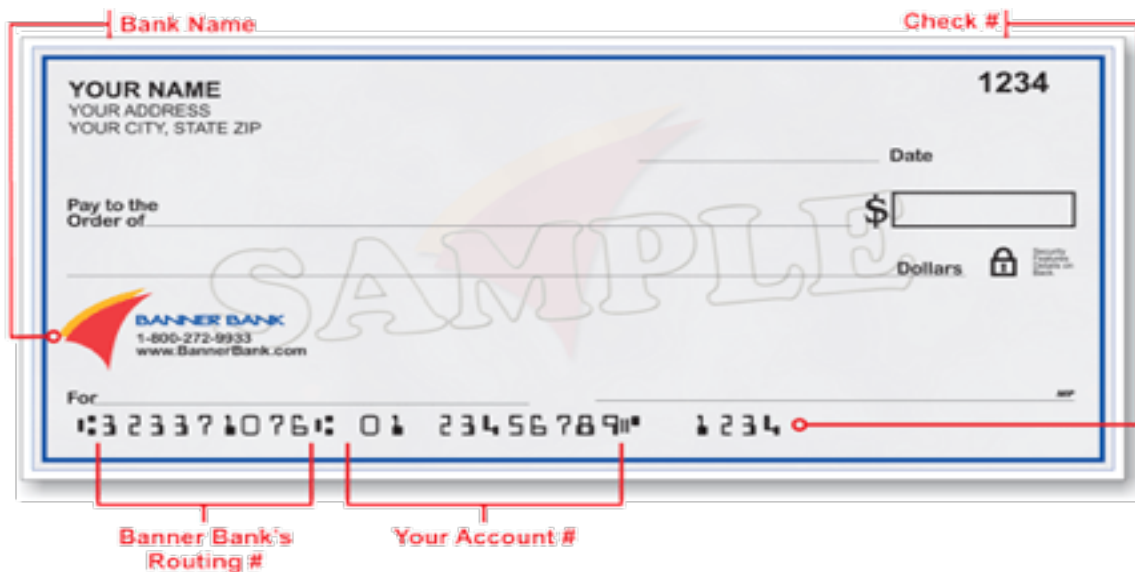
- Traditional Paper Check** [Note: Check will be the default payment method if no other wage payment method is selected.]

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.

Employee Signature _____
Date

Return this completed application form to your manager (IF CHOOSING DIRECT DEPOSIT, YOU MUST INCLUDE A VOIDED CHECK TO EXPEDITE AND VERIFY ACCOUNT INFORMATION!!!!!!) to turn in to HR/Payroll Department.





Dear Mission Yogurt Employee,

Since we are now going to be offering you direct deposit, anyone who signs up for this service will be charged a \$100.00 deposit for their airport badge. If upon termination of employment, you return your badge, this \$100.00 will be returned to you. However, if you fail to turn in your badge, you will not receive your \$100.00 deposit back.

Please sign and date this notice and turn it in with your direct deposit enrollment form and a voided check.

Employee - Signature

Employee Name - Print

Date