



**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** *(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    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.**

The image shows a sample check from Banner Bank. Red lines and boxes highlight specific areas with labels:

- Bank Name:** Points to the Banner Bank logo and name at the bottom left.
- Check #:** Points to the number 1234 in the top right corner.
- Routing #:** Points to the first part of the MICR line at the bottom: 323371076.
- Your Account #:** Points to the second part of the MICR line at the bottom: 0123456789.

The check itself contains the following text and fields:

- YOUR NAME
- YOUR ADDRESS
- YOUR CITY, STATE ZIP
- 1234 (Check number)
- Date
- Pay to the Order of
- \$ [ ] (Amount)
- Dollars
- BANNER BANK
- 1-800-272-9933
- www.BannerBank.com
- For
- 323371076 (Routing #)
- 0123456789 (Account #)
- 1234 (MICR line)