



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.

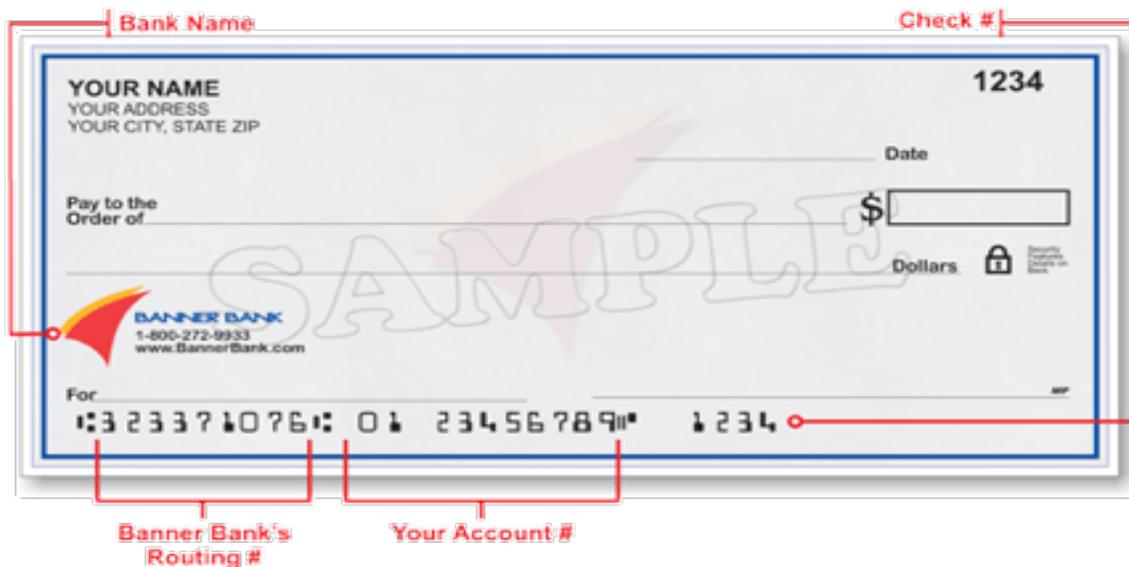
- Traditional Paper Check** [Note: Check will be the default payment method if no other wage payment method is selected.]

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.





Smokin' Bear, LLC. BADGE CANCELLATION & RECOVERY PLAN
Effective April 22, 2020

The undersigned (Employee Name) _____ agrees and does hereby take full liability for the badge provided by Smokin' Bear, LLC. This liability form is for personal financial liability in case of loss, unreturned, unrecovered, DEN (Denver International Airport) badge, including theft or damage in connection with any activity or accommodation not related with Smokin' Bear, LLC.

A \$100 deposit will be required to be paid to Smokin' Bear, LLC. from employee until badge is returned; in case of job termination or resignation. Your \$100 deposit will be credited to your last paycheck if your badge is returned at your departure from Smokin' Bear, LLC. or a check in the amount of \$100 will be mailed or given once your badge has been returned us. Your initial \$100.00 badge deposit can be paid in full out of your first paycheck or can be deducted in increments starting with your first check.

Please initial how you would like the \$100.00 badge deposit deducted from your check.

_____ Please take one deduction of \$100.00 from my first check.

_____ Please take two deductions of \$50.00 starting from my first check.

_____ Please take four deductions of \$25.00 starting from my first check.

In case of loss, theft, or any personal related loss of badge, you must immediately notify Airport Security and Smokin' Bear, LLC. Also, you will be responsible for additional deduction/payment(s) of a new badge renewal fee/deposit.

The undersigned does hereby further agree to abide by all the rules and regulations that are presented by Smokin' Bear, LLC. and DEN.

Signature of Employee

Date

Printed Name Badge ID # Given