

WAGE PAYMENT ELECTION AND CONSENT FORM



www.MRCICDS.org

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New Authorization

Change of Authorization

EMPLOYEE INFORMATION (print and complete all fields)

First Name	Middle Initial	Last Name
Last 4 of SSN	Phone	

WAGE PAYMENT ELECTION

OPTION 1:

Direct Deposit (indicate amount of deposit to each account type and provide bank information and/or voided check)

Please note: Direct Deposit enrollments will take up to TWO PAY PERIODS to go into effect. Live paper checks will be mailed until direct deposit is authorized.

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

Checking Savings

Checking Savings

Bank

Bank

Routing # _____

Routing # _____

Account # _____

Account # _____

ATTACH VOIDED CHECK HERE

NAME _____ 0123
ADDRESS _____
CITY, STATE ZIP _____ 01-23456789

DATE _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

BANK NAME _____
ADDRESS _____
CITY, STATE ZIP _____

FOR _____

⑆0⑆2345678⑆0⑆234567890⑆23⑆0⑆23

Bank Routing Number Bank Account Number Check Number

OPTION 2:

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.

OPTION 3:

- ALINE 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. I am willing to complete the ALINE Check on my own each pay period. I understand that each payday I will need to make the check payable to myself for my full net pay, date the check, call to authenticate the check and write the authentication code on the check prior to being able to cash the ALINE Check. (Please refer to the ALINE Check for more information on completing the ALINE 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 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 form to:

Email: cdshr@mrciworksource.org

Fax: 888-696-8552

Mail: MRCI CDS- HR
1961 Premier Drive, Suite 318
Mankato, MN 56001