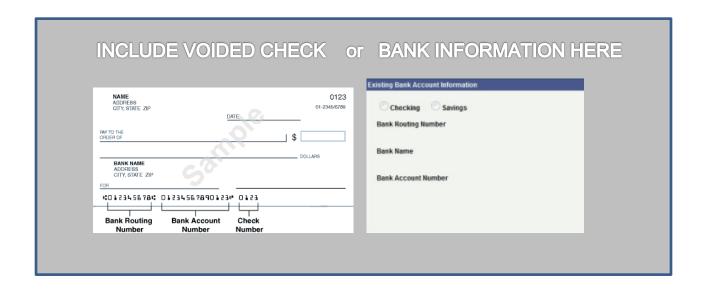


☐ New Authorization					
☐ Change of Authorization EMPLOYEE INFORMATION (print and complete all fields)					
First Name	Middle Initial	Last Name			
Last 4 of SSN	Phone				
CONCENT TO DEDOCIT WACES					
CONSENT TO DEPOSIT WAGES					
reverse or correct an erroneous credit entry to my According the payroll service provider), to the extent wages are being deposited correctly into my Account contacting my employer and that this authorization my employer (or its payroll service provider) has recompayroll service provider) and the bank has had a reason	count and to direct the permitted by applicable each payroll period. eplaces any previous a ceived written notifica				
Employee Signature		Date			
WAGE PAYMENT ELECTION					
OPTION 1:					
\Box Direct Deposit (indicate amount of deposit to each	account type and pro	vide bank information and/or voided check)			
***Please note: Direct Deposit enrollments will check or bank letter may allow the direct deposit direct deposit is authorized. ***	•	Y PERIODS to go into effect. Providing a voided mmediately. Live paper checks will be mailed until			
Direct Deposit #1 \$ Direct	Deposit #2 \$				
☐ Checking ☐ Savings ☐ Che	ecking				
Bank Bank					
Routing # Routing	ng #				
Account # Accou	nt #				

Office Hours: Monday – Friday 8a-4:30p



OPTION 2:

☐ Wiselv Card	(indicate	amount o	f denosit)
□ Wiselv Calu	mulcule	uniount o	i uebusili

You must check one box:

Full Deposit: I want to receive 100% of my full net pay on my Wisely Card every payday		
Partial Deposit: I want to receive \$	of my full net pay on my Wisely Card every payday	

I confirm my authorization to be paid through the Wisely Card is fully voluntary. I acknowledge I have received and read the Wisely Card Fee Schedule, Cardholder Agreement, and Privacy Notice. I understand that in order to use the Wisely 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 Wisely Card. By electing Wisely Card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request an Wisely 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:

□ Wisely Check – I understand that although I will be enrolled in the Wisely Pay Program, I am not required to activate or use an Wisely Card to use the Wisely Check to receive my full net pay. I am willing to complete the Wisely 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 Wisely Check. (Please refer to the Wisely Check for more information on completing the Wisely Check.)

Return this completed form to:

Email: cdshr@mymrci.org Fax: 888-696-8552 Mail: MRCI CDS- HR

1750 Energy Drive, PO Box 328

Mankato, MN 56002