



WAGE PAYMENT ELECTION AND CONSENT FORM

New Authorization

Change of Authorization

EMPLOYEE INFORMATION (print and complete all fields)

Table with fields: First Name, Middle Initial, Last Name, Last 4 of SSN, Phone

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").

Employee Signature _____ Date _____

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

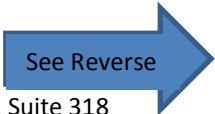
Bank _____ Bank _____
Routing # _____ Routing # _____

Account # _____ Account # _____

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

www.MRCICDS.org

1961 Premier Drive, Suite 318
Mankato, MN 56001



INCLUDE VOIDED CHECK or BANK INFORMATION HERE

NAME 0123
ADDRESS 01-2345/6789
CITY, STATE, ZIP

DATE: _____

PAY TO THE ORDER OF _____ \$ _____

BANK NAME
ADDRESS
CITY, STATE, ZIP

FOR _____

⑆0⑆ 23456789⑆ 0⑆ 234567890⑆ 23⑆ 0⑆ 23

Bank Routing Number Bank Account Number Check Number

Existing Bank Account Information

Checking Savings

Bank Routing Number

Bank Name

Bank Account 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.)

Return this completed form to:

Email: cdshr@mymrciwork.org
Fax: 888-696-8552
Mail: MRCI CDS- HR
1961 Premier Drive, Suite 318
Mankato, MN 56001

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