

WAGE PAYMENT ELECTION AND CONSENT FORM

This form is provided as a sample, may not be suitable for every situation or every company and should not be considered legal advice or legal opinion. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

PLEASE REMOVE THIS TEXT BOX BEFORE USING THE FORM IN YOUR WORKPLACE.

EMPLOYEE INFORMATION *(print and complete all fields)*

| | | | |
|---------------------------------------------------|-----------------------|-----------------------------------------------|-----------------------|
| First Name | | Middle Initial | Last Name |
| Date of Birth (mm/dd/yyyy) ____ / ____ / _____ | | Social Security Number ____ - ____ - _____ | |
| Legal Address (No PO Box) | | | Apt # (if applicable) |
| City | | State | Zip Code |
| Home Phone () - | Mobile Phone () - | Email Address | |
| Mailing Address (optional) | | | 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 # _____

Wisely Pay by ADP card *(indicate amount of deposit)*

You must check one box:

Full Deposit: I want to receive 100% of my full net pay on my Wisely Pay card every payday

Partial Deposit: I want to receive \$ _____ of my full net pay on my Wisely Pay card every payday

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

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 Wisely Pay 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 via fax to (xxx) xxx-xxx, or mail to: