

## WAGE PAYMENT ELECTION AND CONSENT FORM

L.A.D.D., Inc. wage payment policy is to offer three (3) options for paying employees. Please complete this form, select your option(s), and provide the required information for processing.

### 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 <b><i>(PO Box is not allowed if electing ALINE Pay Card as wage payment method)</i></b>			Apt # (if applicable)
City		State	Zip Code
Home Phone ( ) -	Mobile Phone ( ) -	Email Address	

### WAGE PAYMENT ELECTION

- Option #1: Direct Deposit** *(indicate amount of deposit to each account type and provide account/routing numbers)*

**Provide a voided check for checking account(s) or a letter from your bank with your account numbers and routing numbers.**

Direct Deposit #1    \$ \_\_\_\_\_    Direct Deposit #2    \$ \_\_\_\_\_    Direct Deposit #3    \$ \_\_\_\_\_

Checking     Savings                       Checking     Savings                       Checking     Savings

- Option #2: Personal Pay Card** *(indicate amount of deposit to each account type and provide account/routing numbers)*

**Provide a copy of your card, front and back. Confirm that the routing and account number are located on your card as we must have to process your wages on to the card.**

*You must check one box:*

- Full Deposit:** I want to receive 100% of my full net pay on my personal pay card every payday.
- Partial Deposit:** I want to receive \$ \_\_\_\_\_ of my full net pay on my personal pay card every payday.

If you do not have either of the above, L.A.D.D., Inc. will issue you the following:

- Option #3: ADP ALINE Pay Card** *(indicate amount of deposit)* [NOTE: If you do not indicate ALINE Card as your wage payment election and you later activate the ALINE Card without signing a new election form, by activating the ALINE Card, you are confirming your election and consent as stated below.]

*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.

**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. ALINE Check will be the default payment method if no other wage payment method is selected.  
*You must check one box:*

I would like my employer to complete and authenticate the ALINE Check on my behalf each pay period.

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, personal pay card or ALINE 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 Human Resources 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.

### CONSENT TO ELECTRONIC PAY STATEMENTS

I agree to receive and access all of my pay statements on or before each regular pay day electronically on the myALINE Website, a secure website, rather than receiving a paper statement, until I withdraw my consent. I understand that I may retain a copy of the pay statement by saving it to my computer or by printing a hard copy of it. I understand that I should not save my statement to a public computer as others may see my statement. (Note: Your statements will remain on the secure website for 3 years. If you want to retain a copy for a longer period, you must either print a copy or save an electronic copy.)

I understand that I may withdraw this authorization at any time. I acknowledge that the mere request for a paper pay statement will not be considered withdrawal of my consent. I understand this consent applies to pay statements furnished every pay period until my consent is withdrawn. (Note: The withdrawal of your consent will not be effective and you will not start receiving paper statements for 1 or 2 additional payroll cycles.) I also acknowledge that pay statements are available through the ADP iPay portal; I have received information on how to register and access this site should I need a copy of my pay statement or W2 (when available).

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date