



# ENROLLMENT FORM

## EMPLOYEE INFORMATION *(print and complete all fields)*

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

## WAGE PAYMENT ELECTION

**Wisely Pay by ADP card**

**Full Deposit:** I want to receive 100% 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 into the 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 (312) 640-6169, or mail to: hrpayroll1stop@spplus.com**