



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 Wisely 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. Providing a voided check or bank letter may allow the direct deposit to go into effect immediately. 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

1961 Premier Drive, Suite 318
Mankato, MN 56001

## INCLUDE VOIDED CHECK or BANK INFORMATION HERE

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

DATE: \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

BANK NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_

FOR \_\_\_\_\_

⑆0 1 2 3 4 5 6 7 8 9⑆ 0 1 2 3 4 5 6 7 8 9 0 1 2 3⑆ 0 1 2 3

Bank Routing Number      Bank Account Number      Check Number

Existing Bank Account Information

Checking    Savings

Bank Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Account Number \_\_\_\_\_

### OPTION 2:

**Wisely 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 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](mailto:cdshr@mymrci.org)  
Fax: 888-696-8552  
Mail: MRCI CDS- HR  
1961 Premier Drive, Suite 318  
Mankato, MN 56001

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

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Mankato, MN 56001

[www.MRCICDS.org](http://www.MRCICDS.org)