

Direct Deposit Authorization Form

Office Use Only:

Branch #: _____



EMPLOYEE INFORMATION (print and complete all fields)

| | | | | |
|---|-----------------------|-------------------------------|-----------|-----------------------|
| First Name | | Middle Initial | Last Name | |
| Date of Birth (mm/dd/yyyy) / / | | Social Security Number - - | | |
| Residential Address (PO Box is not allowed if electing ADP ALINE Card as wage payment method) | | | | Apt # (if applicable) |
| City | | | State | Zip Code |
| Home Phone () - | Mobile Phone () - | Email Address | | |

ACTION REQUESTED (check only one):

- New Account** Enter account information and attach voided check/verification from financial institution.
- No Change** The account Manpower has on file is correct.
- Cancellation** Account to be cancelled effective this date: ___/___/_____.

Direct Deposit (indicate account type and provide account number) Bank Name _____

Type of Account: **Checking Account** **Savings Account** **Other Money Card** (NOTE: Card must be activated)

ADP ALINE Card

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.

9 Digit Routing Number/ABA#: _____ Account Number: _____

Attach: Voided Check - or - Account Information Verification (financial institution or money card)

| | | |
|---------------------------|-------------|------------|
| Jane A. Doe | | 100 |
| 1000 Main Street | | _____ Date |
| Anywhere, USA 10001 | | |
| Pay to the order of _____ | | \$ _____ |
| _____ Dollars | | |
| Memo _____ | | X _____ |
| | | |
| ↑ | ↑ | |
| Routing No. | Account No. | |

CONSENT TO DEPOSIT WAGES

I authorize Manpower to initiate credit entries each pay date to deposit my pay into the checking, savings, Money Card, or ALINE 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 Manpower, 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 Manpower, 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 has received written notification from me of its termination and Manpower and the bank have had a reasonable opportunity to act on said termination. I hereby agree not to hold Manpower responsible for any delay or loss of funds due to incorrect or incomplete information.

Print Name _____

Signature _____

Date _____