



Enrollment Form

DPS

Employee Information

Print and Complete All Fields

First Name _____ MI _____ Last Name _____

Social Security Number ____ / ____ / _____ Date of Birth (mm/dd/yyyy) ____ / ____ / _____

Address _____ APT # _____
(P.O. Boxes Not Allowed)

City _____ State _____ Zip Code _____

Home Telephone ____ - ____ - _____ Work Telephone ____ - ____ - _____

E-mail _____

I am requesting Full amount of my pay loaded to my ALINE Card

I am requesting Partial amount of \$ _____ of my pay loaded to my ALINE Card.

Please read and sign before submitting:

By accepting and using my ALINE Card, I agree to be bound by the terms and conditions outlined in the ALINE Cardholder Agreement. I hereby authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my ALINE Card. In the event that ADP loads funds erroneously to my ALINE Card, I authorize ADP and my employer to debit my card for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until ADP has received written notice from me of its termination in such time and in such manner as to afford ADP reasonable opportunity to act on it. I agree that I have reviewed, and understand the ALINE Cardholder Fees Summary.

Employee Signature: _____ Date: _____

NOTE: After completing the form, please return it to your employer.

FOR EMPLOYER USE ONLY

Tax Branch: _____ Company Code: _____ Employee ID Number: _____

Company Name: _____ Employer Contact: _____

Phone: _____ Fax: _____

E-mail: _____

Employer Signature _____ Date _____



Forma de Inscripción

DPS

Información del Empleado

Favor Imprimir y Completar el Formulario

Nombre _____ Inicial _____ Apellido _____

Número de Seguro Social ____ / ____ / _____ Fecha de Nacimiento (mm/dd/aaaa) ____ / ____ / _____

Dirección _____ APT # _____
(P.O. Boxes No Son Permitidos)

Ciudad _____ Estado ____ Código Postal _____

Número Telefónico ____ - ____ - _____ Número del Trabajo ____ - ____ - _____

Correo-Electronico Personal _____

Estoy Solicitando La cantidad completa de cada uno de mis pagos, sea depositada en mi tarjeta ALINE Card

Estoy Solicitando La cantidad parcial de \$ _____ de mis pagos, sea depositada en mi tarjeta ALINE Card

Por favor lea y firme antes de someter esta aplicación:

Al aceptar y utilizar mi tarjeta ALINE® Card*, acuerdo estar sujeto a los términos y condiciones explicadas en el documento "ALINE Cardholder Agreement". Doy autorización a ADP de acreditar cualquier monto que me es debido, tal como es indicado por mi empleador, al iniciar entradas de crédito a mi tarjeta ALINE® Card. En el evento que ADP deposite fondos erróneamente a mi ALINE Card, autorizo a ADP y a mi empleador a debitar mi tarjeta por el monto original del crédito erróneo. Esta autorización debe permanecer en completa vigencia y efectiva hasta que ADP haya recibido notificación escrita de mi parte de la conclusión de éste acuerdo en tal tiempo y manera que otorgue a ADP oportunidad razonable para su ejecución. Yo acuerdo que he revisado y entiendo el resumen de tarifas "ALINE Cardholder Fees Summary".

NOTA: Después de completar ésta forma, por favor devuélvasela a su empleador quien enviara la forma a ADP para que la procese.

Firma del Empleado: _____ Fecha: _____

FOR EMPLOYER USE ONLY (Para uso del empleador únicamente)

Tax Branch: _____ Company Code: _____ Employee ID Number: _____

Company Name: _____ Employer Contact: _____

Phone: _____ Fax: _____

E-mail: _____

Employer Signature _____ Date _____

* ALINE Cards are made available by Automatic Data Processing, Inc. The ALINE Card is issued by MB Financial Bank N.A. pursuant to a license from Visa U.S.A. Inc. The ADP logo is a registered trademark of ADP, Inc. ALINE is a registered service mark of ADP, Inc. ALINE Card is a service mark of ADP, Inc. All other trademarks and service marks are the property of their respective owners.