



WAGE PAYMENT ELECTION AND CONSENT 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
Mailing Address			Apt # (if applicable)
City		State	Zip Code
Home Phone	Mobile Phone	Email Address	

WAGE PAYMENT ELECTION

YOU MUST SELECT DIRECT DEPOSIT OR WISELY PAY BY ADP CARD BELOW:

Direct Deposit *(indicate amount of deposit to each account type and provide account number)*

Direct Deposit #1 \$ _____ <input type="checkbox"/> Deposit Entire Check Amount to Deposit \$ _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Direct Deposit #2 \$ _____ <input type="checkbox"/> Deposit Entire Check Amount to Deposit \$ _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Direct Deposit #3 \$ _____ <input type="checkbox"/> Deposit Entire Check Amount to Deposit \$ _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank _____ Routing # _____	Bank _____ Routing # _____	Bank _____ Routing # _____
Account # _____	Account # _____	Account # _____

Wisely Pay by ADP 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 Pay card every payday
- Partial Deposit:** I want to receive \$ _____ 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.

If you selected Wisely Pay By ADP Card, you must complete this section:

Wisely Check by ADP– I understand that although I will be enrolled in the Wisely Program, I am not required to activate or use a Wisely Pay card to use the Wisely Check to receive my full net pay. Wisely 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 Wisely Check on my behalf each pay period.

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.)

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 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.

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 myADP.com, 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.)

Employee Signature

Date

Return this completed application form via email to hr@milshomecare.com, fax to (612) 379-3489, or mail to: MN Independent Living Services 2520 Broadway Street NE, Suite 205, Minneapolis, MN 55413