



## FMS WAGE PAYMENT ELECTION AND CONSENT FORM

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

First Name	Middle Initial	Last Name
Last 4 of SSN	Phone	Email
Employer/FEIN Holder Name		
Change of Authorization- <input type="checkbox"/> All Accounts- includes payroll and ACH or Expense Reimbursement <input type="checkbox"/> Payroll Only		

### 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) or expense reimbursement 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.

If electing for ACH or Expense Reimbursement, I understand by signing below the account I have elected will be used for the direct deposit of funds for expense reimbursements submitted on behalf of the participants county approve budget plan.

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

### WAGE PAYMENT ELECTION

#### OPTION 1:

**Direct Deposit** (*attach bank information*)

Checking  Savings

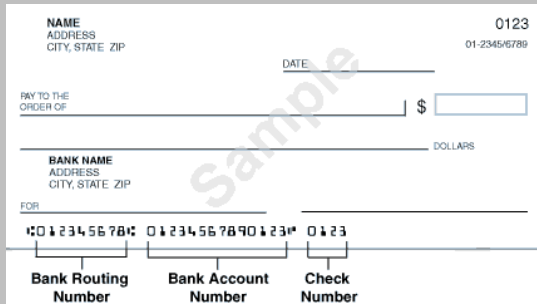
**PLEASE NOTE THAT MRCI WILL DIRECTLY DEPOSIT FUNDS WITHOUT PERFORMING A PRENOTE. THE WORKER MUST PROVIDE A BANK LETTER OR VOIDED CHECK TO VERIFY THE ROUTING NUMBER AND ACCOUNT NUMBER. A DEPOSIT SLIP WILL NOT BE ACCEPTED.**

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

1750 Energy Drive, PO Box 328  
Mankato, MN 56002

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

## INCLUDE VOIDED CHECK or ATTACH BANK INFORMATION



A sample voided check form with fields for NAME, ADDRESS, CITY, STATE, ZIP, DATE, PAY TO THE ORDER OF, BANK NAME, ADDRESS, CITY, STATE, ZIP, and MICR line. The MICR line is labeled with Bank Routing Number, Bank Account Number, and Check Number. A large 'Sample' watermark is overlaid on the form.



Existing Bank Account Information form with radio buttons for Checking and Savings, and fields for Bank Routing Number, Bank Name (EXAMPLE), and Bank Account Number.

### OPTION 2:

- Wisely Card**- I want to receive 100% 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 Pay Check** – I understand that although I will be enrolled in the Wisely Pay Program, I am not required to activate or use an Wisely Pay Card to use the Wisely Pay Check to receive my full net pay. I am willing to complete the Wisely Pay 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 Pay Check. (Please refer to the Wisely Pay check for more information on completing the Wisely Pay Check.)

### Return this completed form to:

Email: [cdshr@mymrci.org](mailto:cdshr@mymrci.org)  
Fax: 888-696-8552  
Mail: MRCI CDS - HR  
1750 Energy Drive, PO Box 328  
Mankato, MN 56002