

SMALL BUSINESS SERVICES WISELY PAY BY ADP™ CARD ENROLLMENT FORM

Wisely Pay by ADP Enrollment Process:

1. Complete and sign the enrollment form, then scan the form and email to paycard.ops@adp.com, fax to **1.888.730.5667**, or mail to ADP:
 Attention: Wisely Pay by ADP SBS Enrollment Request
 400 Covina Blvd. Mail Stop 214
 San Dimas, CA 91773
2. You will receive your card and welcome packet within 5-7 business days.
3. Activate your card via the web at ActivateWisely.com or call Cardholder Services at **1.866.313.6901**.

(THIS FORM IS TO BE USED BY ADP SMALL BUSINESS SERVICES TEAM FOR MANUAL ENROLLMENTS ONLY)

EMPLOYEE INFORMATION *(print and complete all fields)*

First Name		Middle Initial	Last Name
Date of Birth (mm/dd/yyyy) ____ / ____ / _____		Social Security Number (or Tax I.D.) _____ - _____ - _____	
Legal Address (No PO Box)			Apt # (if applicable)
City		State	Zip Code
Phone (____) _____			Email Address
Mailing Address (optional)			Apt # (if applicable)
City		State	Zip Code
Company Name/ Address/ Branch or Company Code (Required)			

IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW WISELY BY ADP 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 and the issuing bank require your name, address, date of birth, Social Security Number, tax identification number and other information that will allow ADP and the issuing bank to identify you. ADP or the issuing bank may also ask to see your driver's license or other identifying documents. You will not be subject to a credit 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 Wisely Pay card account (the "Account"). Under penalties of perjury, I certify that the information provided above is accurate and truthful. I authorize ADP to obtain information necessary to verify my identity and the information provided in this application, including verification of employment. If my application is accepted, I understand that the account and use of the card are subject to all of the terms and conditions described in the Cardholder Agreement. I understand, acknowledge and agree that the account is designed for the direct deposit of payroll funds. No interest will be earned on funds in my Wisely Pay by ADP card 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 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.

I certify that the information provided above is accurate and truthful.

Employee Signature _____
Date