



### Wage Payment Authorization Form

The Agency offer two choices for payment of wages worked: Direct Deposit or Aline Card. While the choice is yours, with either option you can count on your money arriving in your bank account or Aline Card on payday. You will have access to your money while sick or on vacation. We do NOT issue paper paychecks.

**I choose to receive payment for wages worked as: (Check one)**

Aline Card **(Complete Section 1)**

**OR**

Direct Deposit **(Complete Section 2)**

**Want verification your timesheet has been received?** Send a one-time email to [employeecare@accracare.org](mailto:employeecare@accracare.org); and you will receive an automatic notification when your timesheet has been processed.

Section 1: **Aline Card:**

Aline Card is a Visa reloadable prepaid card that provides a secure and convenient way to receive your pay. Your money is automatically direct deposited on to your own individually-owned Aline Card where you can access your money 24 hours a day via purchases everywhere Visa debit cards are accepted or at an ATM.

I decline direct deposit and I agree to be issued an Aline Card with the following conditions stated below:

**(Please initial boxes)**

- 1. If a mistake is made resulting in overpayment to my Aline Card; the Agency will proceed as follows:
  - a) Time permitting, the funds transfer will be cancelled and a new deposit will be issued to my Aline Card.
  - b) If the above is unsuccessful, the Agency will notify me and request the return of the funds within three (3) working days. Funds not voluntarily returned by me will be deducted in full from my next direct deposit(s).
- 2. I understand that the Aline Card will be mailed to me in the US mail. It is my responsibility to activate the Aline Card in order to access my funds.
- 3. I understand that the Agency is not responsible for a lost Aline Card. If I lose my Aline Card, it my responsibility to call the toll free# 877-237-4321 for a replacement Aline Card.

Section 2: **Direct Deposit:**

I wish to have the Agency deposit my net pay each payday directly to my account(s) as indicated. I agree to notify the Agency immediately of any changes to the information so that my pay may be properly distributed. I agree to the following:

**(Please initial boxes)**

- 1. I understand that in the event my financial institution is not able to complete an electronic transfer on to my account due to any action I take, I am responsible for ALL resulting bank fees incurred and that the Agency cannot issue the payroll funds to me until the funds are returned to the Agency by my financial institution.
- 2. If a mistake is made resulting in overpayment to my account; the Agency will proceed as follows:
  - a) Time permitting, the funds transfer will be cancelled and a new direct deposit will be issued.
  - b) If the above is unsuccessful, the Agency will notify me and request the return of those funds within three (3) working days. Funds not voluntarily returned by me will be deducted in full from my next direct deposit(s).
- 3. In the event I have not worked in six (6) months, my direct deposit information will be deleted and I will need to submit a new form. If I don't submit a new form, an Aline Card will automatically be issued to me (see Section 1)

Attach a VOIDED check or notice from your bank with your account information.

DEPOSIT tickets are **not** accepted.

Account type:  Checking  Savings

I have read, understand and agree to the terms and conditions stated in this form. I also understand under no circumstances will the Agency be responsible for overdraft fees. This authority will remain in effect until I have cancelled it in writing.

Employee Name (PRINT): \_\_\_\_\_

Phone number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_