

Now that you have your new ALINE Card by ADP®, you can put it to good use right away. To get started, activate your card now by logging on to mycard.adp.com or calling 877-237-4321.

Here's a list of features that will help you make the most of your ALINE Card:

- Access your pay at more than 70,000 surcharge-free ATMs provided through Allpoint, MoneyPass and PNC Bank locations nationwide*
- Make purchases at millions of locations worldwide wherever Visa Prepaid cards are accepted and get cash back at the register at many retail locations
- You can also pay your bills online at no additional charge
- Deposit pay from other employers, government benefits, tax refunds or other forms of electronic payment directly onto your ALINE Card**
- Load cash at over 50,000 retail locations nationwide by purchasing a Green Dot MoneyPak®**
- Keep your ALINE Card if you change employers. You can have your pay from a new job deposited electronically onto your card**
- Get text and email alerts to help you track your account balance and manage your money***
- Write self-issue checks* or use the ALINE Check by ADP® to pay rent, childcare services, utilities, etc.**

If you have any questions or want more information about the ALINE Card, go to mycard.adp.com or call Cardholder Services at 877.237.4321.

The more you learn about your new ALINE Card, the more you can take advantage of everything it can do for you. Then you'll see why it's the shortest distance between you and your life.

Sincerely, Payroll Department

P.S. Remember to activate your card now visiting mycard.adp.com or calling Cardholder Services at **877.237.4321**.

Welcome to the ALINE Card by ADP®



Activate your card today!
Visit mycard.adp.com or call Cardholder Services at **877.237.4321**.

*Limits apply for transactions. See fee schedule for details.

**No card activation required for full net amount of pay.

***Requires your ALINE Card to be portable. Go to mycard.adp.com or call 877-237-4321. There's no fee to make your card portable.

***Standard text messaging fees from your carrier may apply.



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 _____