



New Hire Forms

SECTION 1 - TO BE COMPLETED BY THE EMPLOYEE. Incomplete forms will not be processed.

Today's Date _____ Social Security No.: _____

Last Name: _____ First Name: _____ Middle: _____

Home Street Address: _____ Apt No. _____

City: _____ State: _____ Zip Code: _____

County: _____ Date of Birth: _____

Telephone No.: _____ eMail: _____

Driver's License No.: _____ State: _____ Expiration Date: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone No.: _____ Alternate Phone: _____

The following information is voluntary and will be used for the sole purpose of EEOC filing.

Gender: Male Female **Race/Ethnic Group:** White Black/African American Hispanic/Latino
 Two or More Races Native Hawaiian or other Pacific Islander
 Native American or Alaskan Native Asian

Ohio, PA & Kentucky Residents, please provide:

School District: _____ Do you have local taxes: _____

Please Indicate any information: _____ Please indicate any information: _____

i.e.: Tax No: _____ i.e.: City, County, Borough, etc. _____

SECTION 2 - TO BE COMPLETED BY THE CLIENT

Client Name: _____ Original Date of Hire: _____

Employee Department: _____ Location: _____

Employee Title: _____ COMP CODE: _____ Exempt Non Exempt

Employee/Clock # _____ Hourly Salary Full Time Part Time

Rate of Pay _____ Commission Piece Rate On-Call Seasonal

Std. Hours: _____ Health Benefit Class: _____ Owner/Officer Shareholder

If Rehired, date of rehire: _____

CLIENT SIGNATURE: _____ **DATE:** _____



Employee Acknowledgment

I hereby acknowledge my current employer (Client Company) has entered into an employee leasing contract with Fortune Business Solutions. Through this contract Fortune Business Solutions will provide Client Company with certain professional employer services, including access to employee benefits. Under this arrangement Client Company and Fortune Business Solutions will become co-employers. Under this co-employer relationship, I will be a leased employee of Fortune Business Solutions assigned solely and exclusively to Client Company. I will remain an employee of the Client Company and Client Company will continue to have control over my day-to-day job duties and the worksite(s). Client Company will also continue to provide all on-site supervision, including but not limited to, determining my job assignments and training requirements, evaluating my performance, and establishing pay rates. Client Company may have the right to accept or cancel the assignment. Fortune Business Solutions will not have an on-site supervisor or representative at my work-site.

As a co-employee, I agree that my relationship with Fortune Business Solutions is that of an employee-at-will. My job status does not guarantee employment for any specific length of time. My co-employment with Fortune Business Solutions is entered into voluntarily and both I and Fortune Business Solutions are free to end the employment relationship at any time, for any reason, with or without cause or advance notice. I further understand that the reference to employment-at-will does not change my employment status with the Client Company as it existed before the agreement with Fortune Business Solution. The Client Company and/or my immediate supervisor will determine job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment.

I agree that while I am a leased employee of Fortune Business Solutions, if Fortune Business Solutions does not receive payment from the Client for services which I perform as a leased employee, Fortune Business Solutions will pay me the wages legally required in accordance with the state laws in which I am employed for any such period, and I agree to this method of compensation.

I understand and agree that Fortune Business Solutions has no obligation to pay me any other compensation or benefit unless Fortune Business Solutions has specifically, in a written agreement with, adopted the Client's obligation to pay me such compensation or benefit. I understand that the Client Company to which I am co employed, at all times remains obligated to pay me my regular hourly rate of pay and overtime wages if applicable, if I am a "non-exempt" employee, and to pay me my full salary (and/or commissions earned if I meet the "outside sales" exemption) if I am an "exempt" employee even if Fortune Business Solutions is not paid by the Client Company to which I am employed. I understand and agree that Fortune Business Solutions does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where payment for such items has not been received by Fortune Business Solutions from the Client to which I am assigned.

I also understand and agree that if at any time during my employment I have any questions that the administrative services being provided to me as a leased employee (e.g., the accuracy of my payroll check, the scope or availability of benefits, including FMLA, or workers' compensation matters) I will contact the Human Resources Department of Fortune Business Solution at 1-877-324-7297. Additionally, if I feel I've been subjected to any type of discrimination or harassment, including discrimination and or harassment or hostile work environment because of race, color, sex, religion, national origin, disability, handicap, age, marital status, or any other status protected by applicable Federal, State, local or related laws/regulations, or if I am subjected to retaliation because I have in good faith reported such discrimination or harassment, I have an affirmative responsibility to report this action and I will immediately contact Fortune Business Solutions at 1-877-324-7297.

The Co-Employment Relationship - Fortune Business Solutions is hired to provide human resource management services for clients and employees through a co-employment relationship. The following conditions exist between Fortune Business Solutions, the Client, and the employee:

1. The employee is an administrative employee of Fortune Business Solutions but is under the direct supervision and control of the Client.
2. The employment is of mutual consent and is considered a relationship at will and does not constitute a contract of employment.
3. New employees understand that from his/her hire date with Client he/she will be on probation for 90 days of employment. (The probation period may be waived for an employee who has been working at the Client worksite for more than 90 days.)
4. Employee agrees to comply with any drug testing policy which Fortune Business Solutions may adopt and specifically agrees to any post-accident drug testing in any situation where allowed by law.
5. Employee understands that, as a condition of hire or continued employment, he/she may be required to undergo a background investigation, including but not limited to, criminal, credit, or motor vehicle history, upon proper written authorization in compliance with the Fair Credit Reporting Act.

If I am a Texas employee, I am hereby advised that any unresolved complaints regarding Fortune Business Solutions in Texas may be addressed to the Texas Department of Licensing & Regulation, (512)463-6599, P.O. Box 12157, Austin, TX 78711.

If I am injured on the job, even if the injury is minor or I don't want treatment, I must immediately report it to my supervisor and take a post-accident drug/alcohol test at a facility approved by Fortune Business Solutions unless prohibited by applicable law or inconsistent with a CBA that covers me. I will be working at a drug-free workplace and may be subject to applicable testing such as random or reasonable suspicion testing if permitted by applicable State and local regulations. Refusal to take a required test may result in termination subject to applicable law sand CBAs. Being under the influence or in possession of alcohol or illegal controlled substances, being in an unsafe condition, or violating safety standards on the job may result in termination of employment.

Fortune Business Solutions is not responsible for any obligation Client Company has made to me such as promises or contracts regarding length or terms of my employment, my pay or other consideration, or benefits. If Company has not provided funds or complied with its agreement with Fortune Business Solutions, in no event will Fortune Business Solutions be required to pay me more than the minimum wage required by law while the agreement with Company was in effect. Any obligations of Fortune Business Solutions cease when its agreement with Company terminates. If I am eligible for any benefits it is my responsibility (and the responsibility of any family members/dependents who wish to participate) to timely submit all required forms and information.

Workers' Compensation Medical Authorization Release

I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Fortune Business Solutions' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions for Florida Statute 440 or the governing state statute concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of the authorization. A photocopy of this authorization shall be valid as the original.

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorizations for drug testing and for release of my medical and non-medical information.

Employee Signature _____ Printed Name: _____ Date _____

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Checking/Savings Direct Deposit Authorization

CLIENT NAME _____ DATE: _____
 EMPLOYEE NAME: _____ SS#: _____
 DEPARTMENT: _____ POSITION: _____

I authorize and request Fortune Business Solutions to make the following payroll deductions each pay period:

ACCOUNT 1

I would like to

- SET UP A NEW DIRECT DEPOSIT ACCOUNT
- CHANGE MY EXISTING DIRECT DEPOSIT ACCOUNT
- CANCEL MY DIRECT DEPOSIT

Type of Account

- Checking Account
- Savings Account

Type of Deposit

- Full Deposit - Direct deposit my entire net paycheck
- Partial Deposit - Direct deposit the amount of \$ _____ (dollar amount only)

Account Information:

Name of Institution: _____
 ABA/Routing # _____ Account # _____

ACCOUNT 2

I would like to

- SET UP A NEW DIRECT DEPOSIT ACCOUNT
- CHANGE MY EXISTING DIRECT DEPOSIT ACCOUNT
- CANCEL MY DIRECT DEPOSIT

Type of Account

- Checking Account
- Savings Account

Type of Deposit

- Full Deposit - Direct deposit my entire net paycheck
- Partial Deposit - Direct deposit the amount of \$ _____ (dollar amount only)

Account Information:

Name of Institution: _____
 ABA/Routing # _____ Account # _____

The authority is to remain in effect until Fortune Business Solutions receives written notification from me of its termination in such time and in such manner as to afford Fortune Business Solutions and the Financial Institution a reasonable opportunity to act accordingly.

EMPLOYEE SIGNATURE: _____ DATE: _____

NOTE: Please allow 3 (three) payroll cycles for account processing.
For Checking Accounts - Please attach a copy of a ""void"" check. Deposit Slips are not acceptable.
For Savings Account - Please attach a direct deposit form provided by your financial institution.
For Payroll Debit Card – Please disregard this form and complete the following two forms.

NOTE: Employees selecting checking/savings do not need to complete this or the following page.



Money Network Service Enrollment Form

Employee Last Name: _____ First Name: _____

Mailing Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

Email: _____

Personal information above will be used to enroll you in the Money Network Payroll Debit Card Program. The following page is required by the FDIC and allows us to provide you with the card. Please check selection 'B' box and initial. Sign and date both forms at the bottom and return to your employer for processing.

EMPLOYEE SIGNATURE: _____ DATE: _____

Employee Pay Selection Record

_____ (“Employer”) offers two options to receive your pay, Direct Deposit or the Money Network® Service. You may also split your pay between the two options. Please review these options and make your selection below.

Option 1: DIRECT DEPOSIT Employer will pay all, or a portion, of my net pay as selected below (“**Direct Deposit**”) into the account (the “**Account**”) at the financial institution with the routing and account numbers and account type (collectively, “**Account Information**”) I have provided separately to Employer according to Employer’s procedure.

Option 2: MONEY NETWORK SERVICE Employer will pay all, or a portion, of my net pay as selected below using the Money Network Service (the “**Service**”) and I may use either of the following options:

Money Network™ Check. The Money Network Check (“**Check**”) is a paycheck that I can easily complete on or after each payday morning wherever I am, eliminating the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed. The Check can be deposited into my personal bank account or cashed for free at Money Network check-cashing partners.

Money Network Payroll Debit Card. The Money Network Payroll Debit Card (“**Card**”) provides a dependable, safe, optional, and convenient way to receive and access my pay on and after each payday morning with the following features: (i) eliminates the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed; (ii) immediate, worldwide access wherever the Card is accepted for ATM cash withdrawals, bank-branch withdrawals, and store purchases (including “cash back”); (iii) money transfers to a personal or joint checking account; and (iv) free balance inquiries by phone or online. There is no monthly service charge for the Card as long as I am employed by Employer. Many Card transactions are free (and I need never incur a fee to access 100% of my wages, to the penny, using the Service), but there are fees for other transactions. The Terms and Conditions, fee schedule, and other disclosures related to the Service are included in the Service’s Welcome Packet. Once I have consented to those terms and contracted for the Service by activating my Service account by following the instructions in the Welcome Packet, I may begin to use the Service.

I HEREBY ELECT TO HAVE MY PAY DISTRIBUTED AS INDICATED:

(REQUIRED: MAKE ONE CHOICE BY CHECKING THE A, B, OR C BOX AND WRITING YOUR INITIALS ABOVE YOUR SELECTION BELOW)

A _____
Initials

DIRECT DEPOSIT

OR

B _____
Initials

MONEY NETWORK SERVICE

OR

C _____
Initials

BOTH DIRECT DEPOSIT AND MONEY NETWORK SERVICE (SPLIT-DEPOSIT)

I have provided split-deposit instructions (“**Split Deposit Instructions**”) separately to Employer according to Employer’s procedure.

I authorize Employer to pay me by Direct Deposit and/or the Service, according to the selection I checked and initialed above. In case of payment of funds to which I am not entitled, I authorize Employer to withdraw such funds from the Account and/or the Service. Unless I am already paid by Direct Deposit, I acknowledge that, in order to choose Direct Deposit, I must submit a fully completed Employee Pay Selection Record (“**PSR**”) and Account Information (defined above). The PSR and Account Information must be submitted to Employer within three (3) business days (thirty (30) days in Michigan) of receiving notice to do so. **If I fail to satisfy these requirements to be paid by Direct Deposit, I agree that I will be paid using the Service. However, I understand that I can change my pay selection at any time** in the future by submitting a new PSR and Account Information according to Employer’s procedure (subject to the time it takes Employer to implement the change). My election will remain in effect unless Employer and/or Program Manager cancels this arrangement. To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to verify and record identity information before opening an account such as the account provided when you enroll in the Service. To permit this identification so that my pay to be placed in such an account, I authorize Employer to share my name, address, date of birth, Social Security Number, identification documents, and related personal information with Money Network and the issuing bank.

			EMPLOYER USE ONLY
_____ Signature*	_____ Printed Name*	_____ Date*	_____ Employee ID Number

* Required