



Enrollment Form

Employee Information

Print and Complete All Fields

First Name _____ MI _____ Last Name _____

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

Address _____ APT # _____

City _____ State _____ Zip Code _____

Home Telephone ____ - ____ - _____ Work Telephone ____ - ____ - _____

E-mail _____

I am requesting Full amount of my pay loaded to my TotalPay Card

I am requesting Partial amount \$_____ of my pay loaded to my TotalPay Card

Home ATM Network Allpoint

Your TotalPay Card will arrive via U.S. Mail within seven business days.

Please read and sign before submitting:

By accepting and using my TotalPay® Card*, I agree to be bound by the terms and conditions outlined in the TotalPay Card Cardholder Agreement. I hereby authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my TotalPay Card. In the event that ADP loads funds erroneously to my TotalPay 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 TotalPay 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 _____

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