

Driveline Retail Merchandising

CERIDIAN PAY CARD CONSENT FORM

Please complete the following consent form to sign up for the Ceridian Pay Card. (SIGNATURE REQUIRED)

Print Name (First & Last): _____

Mailing Address: _____

Street

City

State

Zip Code

Please note that the address provided above will be used as your mailing address for payroll records.

Please confirm your DATE of BIRTH (MMDDYYYY) _____

Your Activation code will be your Date of Birth (MMDDYYYY)

By signing below, I consent to receive my wages by electronic transfer to my Ceridian card. I acknowledge that my employer **DRM** has provided me a copy of the cardholder agreement, and I have read, understand and agree to all of the terms in the cardholder agreement.

I also understand and agree to the fees that I will incur using the Ceridian card.
(Document listing all fees included.) Please print and save for your reference.

Print Name (First & Last): _____

Signature: _____

Date: _____ DISTRICT NUMBER: _____

Employee ID: _____

Contact Phone Number: _____

Last 4 digits of SSN: _____

EMAIL COMPLETED FORM TO - payrollsupport@drivelinetail.com

Subject line should read: PAYCARD ENROLLMENT

OR

FAX COMPLETED FORM TO - PAYROLL DEPT: (888) 831-5330