

Hoss's Steak & Sea House / Marzoni's Brick Oven & Brewing Co. METHOD OF PAYMENT AUTHORIZATION

Employee Name _____

Social Security Number _____

Action Requested:

Start Direct Deposit

*****Important information regarding Direct Deposit *****

Change in Direct Deposit

For changes involving Direct Deposit, please print and complete this form. This form should then be sent to the Payroll Department at the Corporate Office

Stop Direct Deposit

Start ADP Aline Pay Card

Direct Deposit Only

Routing/ABA Number - 9 digits

Financial Institution Name _____

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Checking

Savings

Account # _____

\$ Amount or Net Pay

Checking

Savings

Account # _____

\$ Amount or Net Pay

Checking

Savings

Account # _____

\$ Amount or Net Pay

*** Three ways to sign up:**

1. Complete form and attach a copy of a voided check. --OR--
2. Take form to your financial institution to be completed.--OR--
3. Submit direct deposit authorization from your financial institution.

***** Important Information regarding the ADP Aline Pay Card *****

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

Signature of Financial Institution Officer (if applicable)

Date
