

ADP TOTAL PAY CARD ENROLLMENT FORM

Employee Name: _____

Employee Number: _____ Dungarvin Company (State): _____

Dungarvin pays employees electronically to ensure timely payment of wages. Employees will also receive pay stub information electronically through an internet web site or an interactive voice response system. Please note that new enrollments or changes in designations will be **effective on the next available pay date after the payroll department receives a completed authorization form.**

☐ I wish to enroll in the ADP TotalPay Card program for deposit of my net pay. (Complete A, B & C below.)

Employee Signature _____

ADP Total Pay Card Enrollment

(For Dungarvin use only – TPC account#: _____ Entered in ADP? ☐ N ☐ Y, _____ date)

A. SSN: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Email address: _____

B. I am requesting: ☐ full deposit of my pay check onto the ADP Total Pay Card
☐ partial deposit \$ _____ (amount per check.) (This option is only available if the rest of your pay check is direct deposited into your checking or savings account.)

NOTE: Before your pay check can be deposited onto your Total Pay Card, you need to activate your card. Please activate your card within the 48 hours that follow your receipt of the card. If you cannot or have problems activating your card, please contact the NCO Payroll Department at (800)967-2791.

If you lose your card or if it is stolen, it is your responsibility to contact Total Pay card with a lost/stolen report. The contact information is included in the packet of information that comes with your card.

C. Authorization

By accepting and using my TotalPay Card, I agree to be bound by the terms and conditions outlined in the TotalPay Card Cardholder Agreement that I will receive upon enrollment. I authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my TotalPay Card. I authorize ADP to debit my card to rectify an error for any amount not to exceed the original amount of the erroneous credit. This authority will remain in effect until I cancel it or change it in writing. I agree that I have received a summary of the TotalPay Cardholder fees. I further understand that I will receive the Terms and Conditions to be sent to me with my card.

Employee Signature: _____

Date: _____

For NCO Use Only
N-HR-27, Eff.: 3/9/12

P5-26b
Effective: 05/10/12
Dungarvin Fiscal Services