

PAYCHECK DISTRIBUTION ENROLLMENT FORM

Employee Name: _____

Employee Number: _____ Dungarvin Company (State): _____

Dungarvin Fiscal Services 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. Please choose all that apply:

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

You may elect to receive a paper check and/or paper pay stub by sending written notification of your request to the Dungarvin payroll department. A change in your election will be effective with the pay period following receipt of your written request.

ADP Total Pay Card Enrollment

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

- A. SSN: _____ Date of Birth: _____ Phone: _____
Address: _____ 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.)

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: _____

Direct Deposit Enrollment

Note: You may choose up to 3 accounts for direct deposit. To add additional accounts, complete the Direct Deposit Change Request form.

- D. Attach a voided check (for checking accounts) or spec sheet from the bank (for saving accounts) to this form.

E.

Financial Institution Name	Type of Account	Routing Number	Account Number	Amount of Deposit
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			

- F. I understand that failure to provide a voided check or spec sheet or any illegible information on this form may result in an unsuccessful direct deposit and a delay in payment. I authorize Dungarvin Fiscal Services and the financial institution(s) above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any entries made in error. This authority will remain in effect until I cancel it or change it in writing.

Employee Signature: _____

Date: _____

For NCO Use Only
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Dungarvin Fiscal Services Minnesota