CALIFORNIA PAYROLL CARD AUTHORIZATION

I elect to have my wages deposited onto a [NAME OF ISSUER] payroll card as the method of receiving my wage payments. I understand that my consent to receive wage payments on a [NAME OF ISSUER] payroll card is purely voluntary, and not a condition of hire or continued employment. I have the right to select an alternate method of payment.

I understand that my [NAME OF ISSUER] payroll card entitles me to one free withdrawal of my wages per pay period, up to the full amount of wages paid.

[NAME OF EMPLOYER] has provided me with a full and complete description of the terms and conditions of the use of my [NAME OF ISSUER] payroll card, including a description of all applicable fees that may be assessed by the card issuer, my employer, or any third party.

I have read and received a copy of this form.

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Signature Date