NEW JERSEY PAYROLL CARD AUTHORIZATION

I consent 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 through payroll card is purely voluntary and not a condition of hire or continued employment.

I am permitted to change my method of payment at any time, with timely notice to [NAME OF EMPLOYER].

[NAME OF EMPLOYER] has provided me with a full and complete description of all of the features, terms, and conditions of the use of my [NAME OF ISSUER] payroll card, including a written explanation of applicable fees.

I am entitled to withdraw up to the full amount of my wages each pay period without charge. I may withdraw my wages without charge by the following method:

 [METHOD FOR WITHDRAWAL WITHOUT CHARGE]

I have read and received a copy of this form.

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Signature Date