



# Enrollment Form

## Employee Information

Print and Complete All Fields

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Employee ID \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ APT # \_\_\_\_\_  
(P.O. Boxes Not Allowed)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

I am requesting that the full amount of my pay be loaded to my ALINE Card. \_\_\_\_\_  
*Initial Here*

**Your Aline card will arrive via U.S. Mail within seven to ten business days. Please activate your card immediately.  
You might receive one paper paycheck due to processing time.**

***Please read and sign before submitting:***

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: \_\_\_\_\_

Completed forms can be faxed to (510) 666-2009, emailed to [payhelp@berkeley.edu](mailto:payhelp@berkeley.edu), or turned into Central Payroll at 2195 Hearst Street, Suite 120, Berkeley, CA 94720-1104 (Customer service window hours are 12:30 p.m. to 2:30 p.m.)

### FOR EMPLOYER USE ONLY

Tax Branch: \_\_\_\_\_ Company Code: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employer Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

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