

Employee Name: \_\_\_\_\_

Employee File Number: \_\_\_\_\_

Please choose one of the following payroll distribution options:

\_\_\_\_\_

**ALINE Visa Debit Payroll Card:**

This debit card allows payday access to wages without having to wait on the mail or coming to the office for paycheck.

Dollar Amount

\_\_\_\_\_

**Direct Deposit to the following account(s): (up to 6 separate accounts)**

Please attach a voided check to the back of this form in addition to the information you provided below. Direct deposit cannot be processed without it.

Account # 1:     Checking                       Savings

Account #	Routing #	Dollar Amount

Account # 2:     Checking                       Savings

Account #	Routing #	Dollar Amount

Account # 3:     Checking                       Savings

Account #	Routing #	Dollar Amount

Account # 4:     Checking                       Savings

Account #	Routing #	Dollar Amount

Account # 5:     Checking                       Savings

Account #	Routing #	Dollar Amount

Account # 6:     Checking                       Savings

Account #	Routing #	Dollar Amount

\_\_\_\_\_

Mail check to this address: \_\_\_\_\_

\_\_\_\_\_

Hold for pick up at JNCS main office: 15501 San Fernando Mission Blvd., Suite 200, Mission Hills, California 91345

In the event that a payroll adjustment must be made, I choose the ALINE Visa Debit Payroll Card be loaded with due amount.                       Yes                       No

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_