

Payroll Card Employee Application

I. CARDHOLDER INFORMATION

FIRST NAME MI LAST NAME

PERMANENT ADDRESS (NO PO BOXES)

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)

CITY STATE ZIP

() -
PRIMARY PHONE

E-MAIL ADDRESS (OPTIONAL)

DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY/TAXPAYER ID NUMBER MOTHER'S MAIDEN NAME

U.S. CITIZEN NON U.S. CITIZEN

If you are not a citizen of the United States, please provide one or more of the following forms of identification.

A. Please select a form of identification.

U.S. Alien ID Card Passport

Other Gov't Issued ID

Type: _____

B. Please fill out the corresponding information:

COUNTRY OF ISSUANCE NUMBER

EXPIRATION DATE (MM/DD/YYYY)

II. CARDHOLDER AGREEMENT-Return your completed signed and dated application to your employer.

The Authorization Agreement for the Payroll Employee Card account will authorize my employer to directly deposit my periodic salary/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions (a "Payroll Payment") into my Chemical Bank Payroll Employee Card account (the "Account") at Chemical Bank and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my Account. I understand that I may withdraw a portion or the entire amount of a Payroll Payment deposited by my employer from time to time in cash via an Automated Teller Machine (ATM) (subject to certain withdrawal limits as discussed in the Terms, Conditions and Disclosures), applicable Point of Sale (POS) terminals and wherever VISA debit cards are accepted. By signing this application, I hereby authorize Chemical Bank to issue a card to me. I agree that activating my card shall constitute my agreement to: (1) The Program Terms, Conditions, and Disclosures that accompany my card and (2) changes to, or replacements for, those Program Terms, Conditions, and Disclosures that may be sent or made available to me from time to time.

CARDHOLDER SIGNATURE DATE

III. BRANCH USE ONLY

COMPANY NAME CLIENT ACCOUNT NUMBER

Pursuant to Michigan law the employee has been provided required notification of options and has failed to return the election notice within 30 days and is presumed to consent to receive pay via a payroll debit card.

COMPANY SIGNATURE DATE