

## **Enrollment Form**

2500 E. Nutwood Ave. Fullerton, CA, U.S.A. 92831 (714) 879-3901 FAX (714) 681-7421



Employee ID Number\_\_\_\_\_

Employer Contact\_\_\_\_\_

Personal Information		Print and	d Complete All Fields
First Name	MI Last Nan	ne	
Social Security Number///	Date of Birth (mm/d	d/yyyy)//	/
Address(P.O. Boxes Not Allowed)		Apt #	
City		State Zip Code	
Home Telephone	Work Telephone		<u>-</u>
Email			
I am requesting			
I am requesting	questing Partial amount of \$ of my funds loaded to my my ALINE Card.		
Your ALINE Card will arrive via U.S. Mail within ten business do	nys.		
Please read and sign before submiting:			
By accepting and using my ALINE Card, I agree to be bour hereby authorize ADP to credit any amounts owed to me, a event that ADP loads funds erroneously to my ALINE Card, I the original amount of the erroneous credit. This authorizat me of its termination in such time and in such manner as to understand the ALINE Cardholder Fees Summary.	s instructed by the University, authorized ADP and the Unive ion is to remain in full force ar	by initiating credit entries ersity to debit my card for a nd effect until ADP has rec	to my ALINE Card. In the an amount not to exceed seied written notice from
Signature	[	Date	
<b>Note:</b> After completing the form, please return it to Studer	nt Financial Services		
FOR UNIVERSITY USE ONLY			

Tax Branch\_\_\_\_\_ Company Code\_\_\_\_\_

Company Name

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

<sup>\*</sup>ALINE Cards are made available by Automatic Data Processing, Inc.