

ALINE Card Application

Return this completed application form via fax to (866) 971-3630, or mail to:

COMPANY NAME:
 400 Covina Blvd
 San Dimas, Ca 91773 M/S 214
 Branch/Company Code:



ALINE Card Enrollment Instructions:

1. Complete the application form and fax or mail to ADP (information provided above).
2. You will receive your card and welcome packet within 5-7 business days.
3. Activate your card via the web at mycard.adp.com or call Cardholder Services at 1.877.237.4321.

APPLICATION INFORMATION

| APPLICANT'S NAME | | | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
|------------------|------|--------|---------------|------------------------|
| | | | | |
| (First) | (MI) | (Last) | (MM/DD/YYYY) | (nnn-nn-nnnn) |

| HOME ADDRESS <i>(PO Box will not be accepted)</i> | | | |
|---------------------------------------------------|--------|---------|-------|
| | | | |
| (Street Address/Apt #) | (City) | (State) | (Zip) |

| PHONE NUMBER | CELL PHONE | E-MAIL ADDRESS |
|----------------|----------------|----------------|
| | | |
| (nnn-xxx-xxxx) | (nnn-xxx-xxxx) | |

| EMPLOYER INFORMATION | | I would like to receive e-mail alerts: |
|----------------------|----------------|----------------------------------------------------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (Company Name) | (nnn-xxx-xxxx) | |

IMPORTANT INFORMATION ABOUT APPLYING FOR AN ACCOUNT. MB Financial Bank N.A. complies with Section 326 of the USA PATRIOT Act, which requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. You are required to complete the fields asking for your name, address, date of birth, social security number, and other information that will allow us to identify you. You will not be subject to a credit check.

Under penalties of perjury, I certify that the information provided above is accurate and truthful. I authorize ADP to obtain information necessary to verify my identity and the information provided in this application, including verification of employment. If my application is accepted, I understand that the account and use of the card are subject to all of the terms and conditions described in the Cardholder Agreement. I understand, acknowledge and agree that the account is designed for the direct deposit of payroll funds. No interest will be earned on funds in my ALINE Card account.

 (Applicant's Signature) (Date)

I authorize my employer (or its payroll service provider) to initiate credit entries for the purpose of automatically depositing payroll funds into my ALINE Card account and, if necessary, to initiate any action to reverse or correct an erroneous credit entry to my ALINE Card account. I understand that this authorization replaces any previous authorizations and will remain in full force and effect until my employer has received written notification from me of its termination in such time and in such manner as to afford my employer and the bank a reasonable opportunity to act on it.

 (Applicant's Signature) (Date)