



DIRECT DEPOSIT APPLICATION

TMS strongly encourages all employees to utilize either the Direct Deposit or Access Card services offered to you by TMS. If you chose to utilize this service you must complete the Employee Direct Deposit Access Card Application (page 2 of this document) and return the form along with a Void check. If you chose NOT to use this service your check will be mailed to you the day before payday. Once the check is given to the US Post Office TMS has no control of it. Checks will not be considered lost until they are 10 working days late.

What to do if your paycheck is lost or stolen:

1. Notify TMS at (916) 394-1067. If the check is 10 working days late we will start the lost check procedure.
2. We will fax you the Readycheck Lost/Stolen Check Affidavit.
3. You must take this document to a notary and have your signature notarized.
4. Return the document to TSM at the address above or fax it to (916) 399-9878.
5. A replacement check will be issued to you within 2 working days of receiving the affidavit.

If you have any questions please contact Gary Montgomery at (916) 394-1067.

PAYCHEX[®]

Direct Deposit Signup/Change Form

WORKER – REQUIRED INFORMATION

PLEASE PRINT IN BLACK INK ONLY

Worker Name _____

Last four digits of Social Security Number _____

WORKERS: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local Paychex office.

COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT – PLEASE PRINT IN BLACK INK ONLY

Bank Account Number*	Type of Account	Bank Name	Deposit Type (check one):	Change My Deposit Amount to:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit
	<input type="checkbox"/> Chase Pay Card <i>Plus</i>	If Chase Pay Card <i>Plus</i> , fill out attached application.		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remove from Direct Deposit
	<input type="checkbox"/> Chase Pay Card <i>Plus</i>	If Chase Pay Card <i>Plus</i> , fill out attached application.		

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage “ACH R/T” appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

WORKER CONFIRMATION STATEMENT

PLEASE PRINT IN BLACK INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Worker Signature _____ **Date** _____

Accountholder Signature _____

(if worker's name does not appear on bank documentation)

EMPLOYER SECTION ONLY

PLEASE PRINT IN BLACK INK ONLY

Company Name _____

Service Location/Client Number _____

Federal ID Number (last 4 digits) _____

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature _____ **Date** _____

Paychex Use Only

Worker # _____ Time & Date _____

PRS _____ Contact _____

Verified By _____ CSS _____

Scanning instructions are located in Paychex Procedures.

CHOOSE A BETTER WAY TO GET PAID



Instead of waiting in line to cash your paycheck, have your pay automatically deposited to a Chase Pay Card *Plus* account.

It's safe, fast and easy...plus it saves you money!

- Get cash 24 x 7 at ATMs worldwide
- Make purchases anywhere Visa® debit cards are accepted
- Shop online, by phone or mail order
- Pay your bills online
- Eliminate the hassle and costs of cashing a check
- No lost or stolen checks
- No credit check required
- Receive payroll deposits from multiple employers

Get your money anywhere, anytime

With the Chase Pay Card *Plus* program, your funds are electronically deposited to your Chase Pay Card Account each pay period, where your funds are FDIC insured. You then have immediate and convenient access to your money at over 900,000 automated teller machines (ATMs). You can enjoy surcharge-free access at over 40,000 Chase and Allpoint® ATMs in the U.S., and at millions of locations that accept Visa debit cards.

Your purchases are protected

For the first 90 days from the purchase date, Visa's Purchase Security¹ will repair or fully reimburse you for eligible items paid entirely with your Chase Pay Card to a maximum of \$500 per consumer product and \$50,000 per cardholder. Additionally, Visa's Zero Liability Policy² protects you from unauthorized purchases. If your Card is ever lost or stolen, you are automatically protected without losing the funds in your Account.

¹ This protection is valid in cases of theft or damage due to fire, vandalism, accidentally discharged water or weather. Certain restrictions and limitations may apply.

² U.S.-issued cards only. The Visa Zero Liability Policy does not apply to commercial card or ATM transactions, or to PIN transactions not processed by Visa or Interlink. See your cardholder agreement for more details.

Enroll in the Chase Pay Card *Plus* program today!

There is no cost to enroll in the Chase Pay Card *Plus* program. Simply complete this application today and return it to your payroll department.

Chase Payroll Card Fee Schedule

TRANSACTION	CARDHOLDER FEE
ATM withdrawal (U.S.) ³	\$1.50 per transaction
ATM withdrawal (outside U.S.) ³	\$3.00 per withdrawal
Point-of-Sale transactions: PIN and Signature-based	FREE
Over-the-counter cash withdrawals	4 free per month, then \$5.00 thereafter
ATM balance inquiry (U.S.)	\$1.00 per inquiry
ATM balance inquiry (outside U.S.)	\$3.00 per transaction
ADDITIONAL SERVICES	
Monthly paper statement (optional)	\$1.00
Monthly statements via Internet	FREE
Replace lost/stolen card	\$15.00 per card
Expedited card delivery	\$24.75 includes card
Declined transactions (U.S.) ⁴	\$1.00 per transaction
Decline transactions (outside U.S.) ⁴	\$3.00 per transaction
Copy of Statement	\$10 per request
Negative balance	\$15.00 per incident
Check to close account	\$12.00 per account
Inactivity fee (after 90 days of inactivity)	\$3.00 per month
Foreign exchange conversion rate	3.5% per international transaction

Cardholder fees apply to both the primary and secondary cardholders.

³ Whenever you use any ATM there is a "network" or "ATM withdrawal fee". Additionally non-Chase banks may charge you a "surcharge" typically between \$1.00 and \$3.00 for using their ATM. You can avoid a surcharge by using a Chase ATM or Allpoint ATM.

⁴ This fee will be assessed if an ATM or Point-of-Sale transaction is denied due to insufficient funds in your Chase Payroll Card *Plus* account.

Chase Pay Card *Plus* Enrollment Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, you will be asked for your name, address, date of birth and other information that will allow you to be identified. You may also be asked to present your driver's license or other identifying documents. Unless otherwise noted, all fields are required and must be filled in to process this application.

I. CARDHOLDER INFORMATION

LEGAL FIRST NAME	MI	LAST NAME
PERMANENT ADDRESS (NO P.O. BOXES)		
CITY	STATE	ZIP
CARD MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER		
E-MAIL ADDRESS (OPTIONAL)		
DATE OF BIRTH (MM/DD/YYYY)		
SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER		MOTHER'S MAIDEN NAME
<input type="checkbox"/> UNITED STATES CITIZEN	<input type="checkbox"/> NON-UNITED STATES CITIZEN	
If you are not a U.S. Citizen, please provide one or more of the following forms of identification.		
Please select a form of identification:		
<input type="checkbox"/> U.S. ALIEN ID CARD	<input type="checkbox"/> PASSPORT	
<input type="checkbox"/> OTHER GOVERNMENT ISSUED ID	TYPE _____	
COUNTRY OF ISSUANCE		NUMBER
EXPIRATION DATE (MM/DD/YYYY)		

I. SECONDARY CARD (OPTIONAL)

LEGAL FIRST NAME	MI	LAST NAME
PERMANENT ADDRESS (NO P.O. BOXES)		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER		
E-MAIL ADDRESS (OPTIONAL)		
DATE OF BIRTH (MM/DD/YYYY)		
SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER		MOTHER'S MAIDEN NAME
<input type="checkbox"/> UNITED STATES CITIZEN	<input type="checkbox"/> NON-UNITED STATES CITIZEN	
If you are not a U.S. Citizen, please provide one or more of the following forms of identification.		
Please select a form of identification:		
<input type="checkbox"/> U.S. ALIEN ID CARD	<input type="checkbox"/> PASSPORT	
<input type="checkbox"/> OTHER GOVERNMENT ISSUED ID	TYPE _____	
COUNTRY OF ISSUANCE		NUMBER
EXPIRATION DATE (MM/DD/YYYY)		

* Contact your employer for an additional secondary cardholder form.

If you are 18 years old or under, you must provide verification for the following four identification fields: your name, address, date of birth and social security number. Verification can include a copy of your social security card, birth certificate, W-2, drivers license or permit, passport, state ID, voter's registration, and school or military ID.

Monthly paper statement (optional) – in addition to accessing my Chase Pay Card *Plus* transaction activity online or via Customer Support, please mail me a monthly Pay Card activity statement to the mailing address I have provided above. I understand there is a \$1.00 monthly charge for this statement option.

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

The Authorization Agreement for the Chase Pay Card *Plus* 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 Chase Pay Card *Plus* account (the "Account") at JPMorgan Chase Bank, N.A. ("Chase") 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 (subject to certain withdrawal limits as discussed in the Program Terms, Conditions and Disclosures), applicable Point-of-Sale (POS) terminals and wherever Visa® debit cards are accepted. By signing this application, I hereby authorize Chase 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 or Disclosures that may be sent or made available to me from time to time. I also hereby authorize Chase to debit my Chase Pay Card *Plus* account, without notifying me, for the fees described in the fee schedule that is part of this application, or as such fees may change from time to time. Chase may change those fees at any time.

CARDHOLDER'S SIGNATURE

DATE

III. BRANCH USE ONLY

COMPANY NAME

CLIENT ACCOUNT NUMBER