

## FLSA OVERTIME GRIEVANCES

### SETTLEMENT FUND PAYMENT ELECTION AND CONSENT FORM

#### CLAIMANT INFORMATION *(print and complete all fields)*

First Name		Middle Initial	Last Name
Date of Birth (mm/dd/yyyy)		Social Security Number	
Employee ID		Legal Address (No PO Box)	
Apt # (if applicable)		City	
State		Zip Code	
Home Phone	Mobile Phone		Email Address
Mailing Address (optional)		Apt # (if applicable)	
City		State	
Zip Code		Home Phone	
Mobile Phone		Email Address	

#### SETTLEMENT FUND PAYMENT ELECTION

**Direct Deposit**

- Checking
- Savings

Bank \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

**Wisely Pay Card by ADP**

- Full Deposit:** I want to receive 100% of my full settlement pay on my Wisely Pay card

I confirm my authorization to be paid through the ADP Wisely Prepaid Pay Card is fully voluntary. I acknowledge I have received and read the Wisely Pay card Fee Schedule, Cardholder Agreement, and Privacy Notice. I understand that in order to use the Wisely Pay card, I will need to accept and agree to the Cardholder Agreement and to pay the fees as indicated on the Fee Schedule by activating my Wisely Pay card. By electing Wisely Pay card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request a Wisely Pay card. **IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD 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 a Prepaid Card account, ADP may require your name, address, date of birth, Social Security number, tax identification number and other information that will allow ADP to identify you. ADP may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.

**CONSENT TO DEPOSIT SETTLEMENT**

I authorize my employer/Claim Administrator, C. Brown & Associates, Inc. (or its payroll service provider) to initiate a credit into the checking, savings or Wisely Pay card account selected in this election and consent (the "Account"). If funds to which I am not entitled are deposited to my Account, I authorize my employer/Claim Administrator (or its payroll service provider), to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to my employer (either directly or through its payroll service provider), to the extent permitted by applicable law. I will review my pay statement to ensure that my settlement funds are being deposited correctly into my Account.

**CONSENT TO ELECTRONIC SETTLEMENT FUND STATEMENT**

I agree to receive and access my settlement funds statement electronically on the myADP.com, a secure website, rather than receiving a paper statement, until I withdraw my consent.

\_\_\_\_\_  
**Claimant or Authorized Representative**

\_\_\_\_\_  
**Date**

Return this application form by uploading through the **on-line** processing or **mail to:** AFGE Local 3313, c/o C. Brown & Associates, Inc, Claims Administrator, 9649 Pennsylvania Avenue, Upper Marlboro, MD 20772