

PAYCARD PROGRAM

The Alpha Group is pleased to offer A Paycard Program for our field employees.

THE CARD

If you choose to have your paycheck deposited to a *PAYCARD*, simply fill out the information below and submit it to our payroll department.

Note: Instead of paystubs being mailed out to you, you can access your paystubs through the Employee Portal. Contact Payroll at 508 285 8500 ext 3 for more information.

Please mail or fax the completed form to: The Alpha Group, 61 East Main Street, Norton MA 02766. Fax# 508-285-7116.

AUTHORIZATION AGREEMENT FOR DEPOSIT TO PAYCARD (ACH CREDITS)

EMPLOYER THE ALPHA GROUP

EFFECTIVE DATE

111011111111	LAST NAME		
(No P.O. Boxes Please)			
ADDRESS			
CITY	STATE	ZIP	
	DATE OF BIRTH I force until The Alpha Group has received no		
This authorization remains in ful in such time, and in such a mann (1) EMPLOYEE		tification from either party, RY a reasonable opportunit	, of its t ty to act

Please do not write below this line (For office use only)

PAYCARD ISSUED ON ______TO____

AUTHORIZED SIGNATURE _____