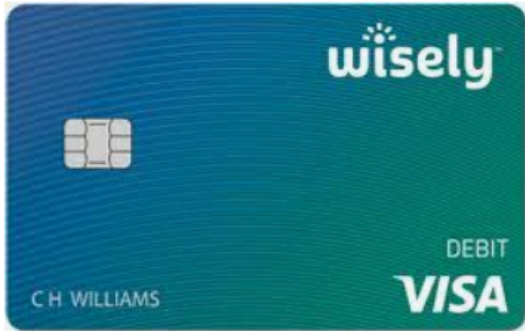




WISELY CARD AUTHORIZATION FORM



Use it anywhere VISA is accepted

Please Complete the Following:

Name of Employer:		Social Security Number:		Date of Birth:	
Employee Last Name:			Employee First Name:		MI:
Street Address:		Apt #:	City:		State: Zip Code:
Cell Phone Number:			Home Phone Number:		
Email Address:					
Please indicate the type of agreement being authorized by placing an "x" next to the appropriate field:					
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Change of Account Information		<input type="checkbox"/> Cancel Authorization	
Flat Amount Each Period: \$ _____			Percentage Each Period: _____%		
<i>Note: indicate 100% if full check should be deposited</i>					

Wisely Card Benefits to Cardholders

- **Guaranteed approval**
- **No bank account needed**
- **No credit check**
- FREE upgraded Visa/MC pay card within seven to ten days
- First transaction per pay period FREE
- FREE signature purchase transactions
- FREE multi-lingual "Live Customer Service" 24x7x365
- FREE email, text, or voice messaging alerts when card is loaded or for each activity
- FREE enrollment in Rewards Program
- FREE cards for family members
- FREE on-line statements
- Pay bills on-line or direct to merchants
- No more check cashing fees or standing in line to cash checks
- No more lost or stolen checks
- No monthly maintenance fee
- Over 40,000 Allpoint Network and MoneyPass Network surcharge free ATM's
- Make card-to-card transfers
- FREE automated telephone system
- FREE access to account balance on-line or on the telephone
- Telephone or online training tutorial for cardholders

I hereby authorize Integrity Outsourcing to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "the Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by Integrity Outsourcing to my account. In the event that Integrity Outsourcing deposits funds erroneously into my account, I authorize Integrity Outsourcing to debit my account for an amount not to exceed the original amount of the erroneous credit.

Signature _____ Date _____

Send completed form to payroll@integrityoutsourcing.com or fax to 602-952-5595