



# ADVANCED RESOURCE SOLUTIONS

INNOVATIVE SOLUTIONS FOR PROJECT SUCCESS

**PHONE:** (520) 529 3129  
**FAX:** (520) 615 7692  
**TOLL FREE:** (800) 314 9346

## WISELY PAY CARD AUTHORIZATION FORM

I hereby authorize ARS and/or Vensure to fund my WISELY VISA Debit Card through the Electronic Funds Transfer process.

Co-Employer: Advanced Resource Solutions, L.L.C. (who you work for)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

DOB: \_\_\_\_\_

Street Address (where to send the card):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

I authorize Vensure or ARS to deposit my net pay via direct deposit to my WISELY Cash Card. If funds to which I am not entitled are deposited to my card, I authorize Vensure or ARS to direct the financial institution(s) to return the funds.

I understand that it is my responsibility to verify that payments have been credited to my card and that Vensure or ARS assumes NO liability for overdrafts for any reason. I understand that in the event my financial institutions(s) is/are not able to deposit any electronic transfer into my card due to any action I take, Vensure nor ARS cannot issue funds to me until the funds are returned to Vensure or ARS by my financial institution(s). I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with Vensure and ARS; or c) 120 days after my last paycheck was issued.

I understand I must IMMEDIATELY notify ARS/Vensure before I close any/all WISELY card(s) while this authorization is in effect. I also understand I will be charged for any fees incurred due to any closed or invalid accounts/cards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed document to email: [Logan@advresourcesolutions.com](mailto:Logan@advresourcesolutions.com) or fax: 520.615.7692  
Rev A