

CF MANAGEMENT-IL, LLC  
WAGE PAYMENT ELECTION

CF Management-IL, LLC ("CF Management") is excited to offer you the ability to choose how to receive your pay.

Your choices for receiving payment for hours worked and commission are:

- Payment on a Pay Card (by Wisely)
- Direct deposit of payment into your checking or savings account
- Payment via a paycheck sent directly to your designated home gym or the home address you provided to CF Management in the on-boarding system

The choice is completely yours, and you should chose whatever option works best for you.

CF Management is not requiring and cannot require you to accept payment by direct deposit or paycard. You will not be charged any fee by CF Management for any of the payment options and all options will make your full wage payment available to you.

Your Wage Payment Collection Election and Consent Form is attached as is additional information about each payment option.

Please complete the election form and return it as part of completing your onboarding paperwork and documentation. In the absence of a choice, CF Management will issue your pay via live check.

**CF MANAGEMENT-IL, LLC**  
**WAGE PAYMENT ELECTION AND CONSENT FORM**

**EMPLOYEE INFORMATION** *(print and complete all fields)*

First Name	Middle Initial	Last Name
Employee ID or Social Security Number		
Gym Location:		

**WAGE PAYMENT ELECTION**

<input type="checkbox"/> <b>Pay Card (by Wisely)**</b>  I confirm my voluntary authorization to be paid through the payroll card.  I acknowledge I have received and read the payroll card Fee Schedule, Cardholder Agreement and Privacy Notice.  I understand that in order to use the payroll card, I will need to accept and agree to the Cardholder Agreement and Fee Schedule by activating my payroll card.  By electing payroll card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request a payroll card.	<input type="checkbox"/> <b>Direct Deposit</b> <i>(indicate account type and provide Account and routing numbers):</i>  <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account  _____ <i>account number</i>  _____ <i>routing number</i>	<input type="checkbox"/> <b>Check</b>  I understand that by selecting check that my check may be mailed to the home address I have provided to CF Management in the onboarding system.
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**Offcycle Payment Election**

I confirm my voluntary authorization to be paid any offcycle payments, such as but not limited to bonuses, commissions, termination, and expense reimbursements:

- ☐ Same method as indicated above  
☐ Check

**\*\*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.**

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**WAGE PAYMENT ELECTION AND CONSENT FORM**

**AUTHORIZATION TO DEBIT/CREDIT ACCOUNT**

I authorize my employer (or its payroll service provider) to initiate credit entries each pay date to deposit my pay (either net or a portion thereof) into the checking, savings or Wisely Pay card account selected in this election and consent (the "Account") in accordance to applicable regulations and/or law. If funds to which I am not entitled are deposited to my Account, I authorize my employer (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 wages are being deposited correctly into my Account each payroll period.

**CONSENT TO ELECTRONIC PAY STATEMENTS**

I agree to receive and access all of my pay statements on or before each regular pay day electronically on the myADP.com, a secure website, rather than receiving a paper statement, until I withdraw my consent. I understand that I may retain a copy of the pay statement by saving it to my computer or by printing a hard copy of it. I understand that I should not save my statement to a public computer as others may see my statement. (Note: Your statements will remain on the secure website for 3 years. If you want to retain a copy for a longer period, you must either print a copy or save an electronic copy.)

I understand that I may withdraw this authorization at any time. To update my authorization, I must complete a new authorization form (available through the Employee Navigator onboarding system or the XSportReports website) and email a completed form to [payroll@xsportfitness.com](mailto:payroll@xsportfitness.com). You may also mail the form to the payroll department or upload the completed form into the Employee Navigator onboarding system. I acknowledge that the mere request for a paper pay statement will not be considered withdrawal of my consent. I understand this consent applies to pay statements furnished every pay period until my consent is withdrawn. (Note: The withdrawal of your consent will not be effective and you will not start receiving paper statements for 1 or 2 payroll cycles.)

I understand that I can change my election at any time by contacting my employer and that this authorization replaces any previous authorizations and will remain in full force and effect until my employer (or its payroll service provider) has received written notification from me of its termination and my employer (or its payroll service provider) and the bank has had a reasonable opportunity to act on said termination. I further understand that if I choose not to make a selection that my employer may default me to a Check until I provide a selection.

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Employee Signature

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Date

**Return this completed application form by uploading into the Employee Navigator system or mail it to: XSport Payroll, PO Box 657, St. Charles IL 60174.**