ResilientSD
Part of the AssuranceSD Family

APPALACHIAN CENTER FOR INDEPENDENT LIVING PAYMENT ELECTION FORM

INSTRUCTIONS: Please check the appropriate box in Section 1 and fill out applicable information in Section 2. If Paycard box is checked, skip Section 3. If Paper Check box is checked, skip Sections 3 and 4. If neither Paycard box nor Paper Check box is selected, please proceed to fill out Sections 3 and 4. After entering the Financial Institution information in Section 3, please attach the required documentation as listed. Review Sections 4 and 5, then sign and date. The form must be signed and dated to be considered complete. Please submit completed form to ResilientSD:

Mail
10425 W. North Ave
Suite 345
Milwaukee, WI 53226

Email
Enrollment@Resilient-SD.com

For any questions or concerns, please contact our office at: **833.855.3941**.

SECTION 1: *Check one box ONLY*

Effective Date: _____

☐ New Direct Deposit Set-Up ☐ New Paycard Set-Up ☐ Existing Paycard Set-Up ☐ Paper Check ☐ Cancel DD/Paycard

SECTION 2 (Please print clearly)

Veteran Information

Veteran Name: _____

Direct Care Worker Information

Direct Care Worker Name: _____ Last 4 Digits of SSN: _____

Vendor Information

Vendor Name: _____ Contact Number: _____

Contact Name: _____ Email Address: _____

SECTION 3

Name of Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings Percentage: _____%

For Checking Account
Tape a voided check here.
(No starter check or deposit slip.)

For Savings Account
Attach letter from bank with routing and account numbers.
(Letter must be typed on bank's letterhead.)

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Optional for split deposit:

Name of Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings Percentage: _____%

For Checking Account
Tape a voided check here.
(No starter check or deposit slip.)

For Savings Account
Attach a letter from bank with routing and account numbers.
(Letter must be typed on bank's letterhead.)

SECTION 4

Check Stubs:

☐ I hereby elect to receive my check stubs via mail, not online.

SECTION 5 *(Check one box ONLY)*

Authorization for Set-Up, Change or Cancellation

☐ I hereby authorize ResilientSD to **deposit** any amount owed to me for wages and/or reimbursements. ResilientSD is not responsible for any erroneous information provided. Also, I grant ResilientSD permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. This authorization is to remain in full force and effect until ResilientSD receives written notification from me to terminate the agreement.

☐ I hereby elect and consent to receive my wages to a **paycard** by electronic transfer. I also grant ResilientSD permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. I acknowledge I have received a copy of the terms, conditions, and fees associated with using the aforementioned paycard. This authorization is to remain in full force and effect until ResilientSD receives written notification from me to terminate the agreement.

☐ I hereby authorize ResilientSD to stop making electronic transfers to my account. I understand that I will now receive physical payroll checks rather than a direct deposit.

Signature: _____ Date: _____

***Please note, your first payment may be a paper check.**

Paycard Number:
(For office use only)