



CADDO VETERAN DIRECTED HCBS
TEXAS
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: 855.387.1377.

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)