



HARRIS COUNTY AREA AGENCY ON AGING  
VETERAN DIRECTED CARE PROGRAM  
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](mailto:Enrollment@Resilient-SD.com)

For any questions or concerns, please contact our office at: **888.623.3907**.

**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)