



THE INDEPENDENCE CENTER – CNMI
VETERAN DIRECTED CARE
PAYMENT ELECTION FORM

Instructions: Please fill out the information, as applicable, then select the appropriate box below. After entering the Financial Institution information, please attach the required documentation as listed. Review the Authorization for Set-Up 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: **855.275.3948**.

NOTE: Please print clearly

Veteran Name: _____

Worker/Vendor Name: _____

Effective Date: _____

Last 4 Digits of SSN: _____

Check One box ONLY:

New DD Set Up

New Paycard Set Up

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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