ResilientSD
Part of the AssuranceSD Family

THE INDEPENDENCE CENTER – NEW MEXICO
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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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.)

AUTHORIZATION FOR SET-UP

☐ 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 overpayments 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.

Signature: _____ Date: _____

Paycard Number:
(For office use only)