



PAY SELECTION FORM

Attendant Name: _____ Date of Birth: _____
(please print)

Consumer Direct Care Network (CDCN) issues pay by direct deposit. This is to a bank account or a pay card. Direct deposits avoid all possible delays from mail delivery. That helps you access your pay on pay day. Pay stubs (summaries) are available online through our secure web portal, DirectMyCare.com.

CDCN offers the following pay options. Please check one option below.

No selection will result in automatic enrollment in the Wisely Card option.

- Direct Deposit to a Wisely Pay Card Account. I authorize CDCN to issue me a Wisely Pay card. The card will be tied to my identification on file. CDCN will make payroll deposits to my card account. I will receive the card in about two weeks.
Direct Deposit to an Existing Checking, Savings or Pay Card Account. I authorize CDCN to initiate payroll deposits to my bank or financial institution.

The Name of my bank is: [text box]

The Account Type is (check one): [] Checking. [] Savings. [] Pay Card.

AN ATTACHMENT IS REQUIRED.
For a Checking Account. Please attach a voided check. This is preferred. A bank-issued direct deposit form or bank letter* is ok too.
For a Savings Account or Pay Card. Please attach a bank-issued direct deposit form or bank letter.*
*Do not submit a deposit slip. The routing numbers differ from direct deposit routing numbers.

Acknowledgement. I authorize CDCN to process my selected method of pay. I understand that:

- CDCN reserves the right to refuse any direct deposit request.
I am responsible to confirm that each deposit has occurred. I must pay any fees caused by overdrafts on my account.
All direct deposits are made through an Automated Clearing House (ACH). Processing is subject to ACH terms. The terms of my bank also apply.
If funds are deposited to my account in error, or an improper payment is made, I authorize CDCN to debit my account to correct the error. If my account cannot be debited due to closure or insufficient balance, then CDCN may withhold future payments until the erroneous deposited amounts are repaid.
I may receive a paper check while my selected method of pay is being set up.
I must submit a new Pay Selection Form to CDCN if I wish to change my Direct Deposit option.

Attendant Signature _____

Date _____

