



PAY SELECTION FORM

Attendant Name: _____
(please print)

Consumer Direct Care Network (CDCN) issues pay via direct deposit to the Attendant’s bank account or a pay card. Direct deposits avoid all possible delays associated with delivery of mail - and that helps you access your pay on pay day. **If you do not select an option below, you will be automatically enrolled in the US Bank option.** Pay stubs (a summary of your pay) are available online through our secure web portal, DirectMyCare.com.

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

- Direct Deposit to a US Bank Focus Card** – I authorize CDCN to issue me a US Bank Focus Card using my Social Security Number and other identification on file and to initiate payroll deposits to my card account. You should receive your debit card in approximately two weeks.
- Direct Deposit to Existing Checking, Savings or Pay Card Account** – I authorize CDCN to initiate payroll deposits to (name of bank or financial institution): _____
Account Type (check one): Checking Savings Pay Card

****ATTACHMENT REQUIRED****

For Checking Accounts: It is necessary to provide a voided check. In lieu of a voided check you may offer a bank-issued direct deposit form or bank letter. Do not submit a deposit slip as the routing numbers differ from the direct deposit routing numbers.

For Savings Accounts/Pay Cards: Provide a bank-issued direct deposit form or bank letter. Do not submit a deposit slip as the routing numbers differ from the direct deposit routing numbers.

I authorize CDCN to process my selected method of pay as indicated above. In the event that funds are deposited mistakenly to my account, I authorize CDCN to debit my account to correct the error. It is my responsibility to confirm that each deposit has occurred and to pay any fees caused by overdrafts on my account. Deposits will be made on each payday unless I notify my employer, in writing, of my request to stop direct deposits. I understand that CDCN reserves the right to refuse any direct deposit request, that all direct deposits are made through an Automated Clearing House (ACH), and that the processing is subject to ACH terms and limitations, as well as those of my financial institution. If the designated account is closed or has insufficient balance to allow withdrawal, then I authorize CDCN to withhold any payment owed to me by CDCN until the erroneous deposited amounts are repaid. **I understand that I may still receive a paper check while my selected method of pay is being set up.**

Signature

Date

