



OREGON VETERAN DIRECTED CARE PAYMENT ELECTION FORM

Instructions: Please check the appropriate box in Section 1 and fill out any information in Section 2, where applicable. 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 at the bottom in order to be considered complete. For any questions or concerns, please contact our office at (855) 852-6161.

Mail:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
ORVSDP@premier-fms.com

Fax:
1-855-571-7670

SECTION 1: (Check one box ONLY)

Effective Date: ___ / ___ / _____

- New DD Set Up
- New Paycard Set-Up
- Existing Paycard Set-Up

SECTION 2: (Please print clearly)

Participant Information:

Participant Name: _____ Medicaid ID #: _____

Participant-hired Worker Information:

Participant-hired Worker Name: _____ ID Number: _____

Last 4 Digits of SSN: _____ Participant Name: _____

Vendor Information:

Vendor Name: _____ Contact Number: _____

Contact person: _____ 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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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 Premier Financial Management Services (Premier FMS) to **deposit** any amount owed to me for wages and/or reimbursements. Premier FMS is not responsible for any erroneous information provided. Also, I grant Premier FMS 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 Premier FMS 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 Premier Financial Management Services (Premier FMS) 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 Premier FMS receives written notification from me to terminate the agreement.

Signature: _____ Date: ___ / ___ / _____

***Please note, your first payment may be a paper check.**

Paycard Number: (For office use only)