



# INDEPENDENCE CENTER – COLORADO 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 855.275.3948.

**Mail**

10425 W North Ave.  
Suite 345  
Milwaukee, WI 53226

**Email**

[ICVIC@Premier-FMS.com](mailto:ICVIC@Premier-FMS.com)

**Fax**

855.325.4668

**SECTION 1** (Check one box ONLY)

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

New Direct Deposit  
Set-Up

New Paycard  
Set-Up

Existing Paycard  
Set-Up

Paper Check

Cancel  
DD/Paycard

**SECTION 2** (Please print clearly)

**Veteran Information**

Veteran Name: \_\_\_\_\_

**Worker Information**

Worker Name: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

**Vendor Information**

Vendor Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ 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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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.)

**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 PremierFMS to **deposit** any amount owed to me for wages and/or reimbursements. PremierFMS is not responsible for any erroneous information provided. Also, I grant PremierFMS 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 PremierFMS 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 PremierFMS 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 PremierFMS receives written notification from me to terminate the agreement.

I hereby authorize PremierFMS to stop making electronic transfers to my account. I also understand that I will now receive physical payroll checks rather than a direct deposit.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

Paycard Number:  
(For office use only)