Lori Knapp CHOICE™
Part of the AssuranceSD Family

PAYROLL AUTHORIZATION

DIRECT CARE WORKER INFORMATION:

Direct Care Worker Full Name: _____ _____ _____
First MI Last

Phone Number: _____ County: _____

Mailing Address: _____ _____ _____ _____
Address City State Zip

Physical Address (if different): _____
Address City State Zip

Email Address (Required): _____

Note: You will receive your paystub via email.

Timesheet Submission: Please check all that apply:

☐ **Secure Email:** Allow you to send timesheets or other information securely.

☐ **Web Entry:** Online payroll entry. Both Participant and Direct Care Worker (Employee) will need an email address as well as access to the internet.

DIRECT DEPOSIT INFORMATION:

Complete section(s) below with your bank account information. Attach a voided check or bank account statement to confirm account and routing numbers for bank accounts.

Name of Bank: _____

Action to be taken: ☐ New Deposit Authorization ☐ Change from Previous Authorization

Type of Account: ☐ Checking ☐ Savings ☐ Pay Card Amount: _____%

Account #: _____ 9-Digit Routing #: _____

For Multiple Accounts

Name of Bank: _____

Action to be taken: ☐ New Deposit Authorization ☐ Change from Previous Authorization

Type of Account: ☐ Checking ☐ Savings ☐ Pay Card Amount: _____%

Account #: _____ 9-Digit Routing #: _____

LKC™ is authorized to directly deposit my pay to the account(s) identified in this document, which include my signature and date. Authorization will remain in effect until I modify, cancel in writing, or employment terminates.

Direct Care Worker Signature: _____ Date: _____

Changes to your payroll information may take up to one week to be processed and take effect on your profile.
Please call to verify that your account information is changed: **608.326.0434.**