



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 #: \_\_\_\_\_

Lori Knapp Choice™ 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.