

DIRECT CARE PROFESSIONAL INFORMATION

Name: _____ Pronouns: _____

Phone Number: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical 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 Professional (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.

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 #: _____

LKiChoice 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 Professional 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**.