



Participant Payment Election Form

Instructions: 1. Participant or guardian completes all information and signs at the bottom.
2. Attach required documents and return form to iLIFE.

NOTE: This document replaces all prior Payment Election forms. To be effective for the pay date, submit at least five business days before the pay date.

Participant Name: _____

iLIFE Pay Card

No additional documentation required. iLIFE is not responsible for lost or stolen cards or funds. By choosing this option, you agree that you have read and accept the terms of this card, which may be found at <http://www.ilifefinancialmanagement.com/iLife/Pay-Cards/terms-and-conditions-flyer.pdf>

Street Address: _____

City: _____ State: _____ ZIP: _____

NOTE: iLIFE pay cards cannot be mailed to P.O. boxes.

OR

Direct Deposit

Checking Account

Attach either a voided check or a typed letter from the bank (on bank letterhead) that has the participant's name, the routing number, and the account number. Starter checks may not be used.

Savings Account

Attach a typed letter from the bank (on bank letterhead) that has the participant's name, the routing number, and the account number.

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

I hereby authorize iLIFE to initiate credit entries, debit entries and adjustments to the financial institution account type or pay card option noted above.

This authorization replaces all prior direct deposit and payment election forms I may have submitted. This authorization is to remain in full force and effect until iLIFE receives written notice from me of its termination, in such time and manner as to allow iLIFE and the financial institution a reasonable opportunity to act on it.

Participant or Guardian Signature: _____ Date: _____