



## PAY ELECTION FORM

There are multiple options to receive your pay. Please select the method you wish to use. Your decision to use any method is voluntary.

<input type="checkbox"/> <b>Direct Deposit to Checking or Savings Account (specify below)</b>  _____ Name of Financial Institution  _____ Bank Routing # (ABA#)  _____ Account #	NOTE: If you select this option, please attach a copy of a voided check or savings deposit form to this form for routing and account verification.
<input type="checkbox"/> <b>Skylight® PayOptions™</b>  With the Program, your wages will be deposited in your Skylight Account, which is maintained at the bank that is issuing/sponsoring the Program (“Bank”) and which is insured by the FDIC up to the limits permitted by law. There is no application and no credit approval process, but you must meet identity verification requirements to activate and use the Program. You may be asked to provide identifying information to us, such as your date of birth, social security number and driver’s license. Subject to your identity verification, Skylight allows you to use the following option to access your Skylight Account:  1. <b>The Skylight ONE Card.</b> You can use your Skylight ONE Card to access 100% of your wages, down to the penny, without any fee, at any Visa or Mastercard member bank (look for a bank branch with the Visa or Mastercard logo, as applicable). You can also make purchases at stores or get cash through ATM withdrawals with your Skylight ONE Card. Fees may apply to these transactions; please refer to the Fee Schedule. You can check your balance at no fee via IVRU, online or text (your carrier’s standard rates for text messages may apply).	NOTE: If you select this option, you acknowledge that you have been provided with a copy of and an opportunity to review disclosures relating to the Program, which include, at a minimum, the Cardholder Agreement, Fee Schedule, and Privacy Policy relating to the Program.
<input type="checkbox"/> <b>Paper Paycheck provided by Consumer Directed Choices.</b>	

I consent to be paid by the method indicated above. By selecting either of the first two options on this Pay Election Form and signing hereunder, I authorize CDChoices to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account that I have provided above or to the Skylight Account, as applicable (each an “Account”). This authorizes the financial institution holding the Account to post all such entries. By selecting the Skylight Account option, I authorize CDChoices to transmit my identification information to Netspend, as Netspend may request to verify my identity. Further, I understand that I have the right to change the method of payment that I have elected on this form. If I do desire to change my method of payment, then I will notify the CDChoices and execute a new Pay Election Form setting forth my new election. I understand that if I desire to change the method of payment from the Program to any other method of payment, I should obtain the full balance in my Skylight Account and then close the Skylight Account prior to requesting such change. This authorization will be in effect until the CDChoices receives a written termination notice from myself and has a reasonable opportunity to act on it, which shall be no longer than the time permitted by applicable law, if any. Finally, I understand that if I select the Program and continue to use the Program following the termination of my employment with CDChoices, specific terms, conditions, and fees relating to the Program may change, pursuant to the terms of the Cardholder Agreement.

**Personal Assistant (Please Print):** \_\_\_\_\_

**Personal Assistant (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_