**TO:** Applicants/Referring Agencies 

**FROM:** PayCo

**RE:** Required Referral Information

Thank you for your interest in our organization. PayCo is dedicated to providing the best possible service to our clients. The following are guidelines that should be followed when making application and/or referrals to us. We charge a fee for our services which is set each year by the Social Security Administration (SSA).

**REFERRAL**

Part I: All potential clients (or if the client has a guardian, the guardian) must sign an Advance notice. ***If the potential client does not currently have a payee, a physician’s form SSA 787 stating the need for a payee is required by the Social Security Administration, in addition to the other forms in the application. Please be aware that once someone is identified as needing a payee it is not an easy process to reverse.*** ***If the potential client has a Guardian of Person, please include an original copy of the guardianship order for the Social Security Administration.***

Part II: The client profile and general household information is used to complete the Social Security Administration’s application for payeeship. This information is also used for future reports we are responsible for as payees.

Part III: Referral should include a Client/Agency Responsibility Checklist and Authorization to Release Information.

Part IV: Payeeship can take up to 90 days. In emergency situations there are steps the beneficiary can take to expedite this process. Please ask us for further instruction.

**ACCOUNT MANAGERS**

**Our Columbus office number is 614-297-6420** Extension numbers/email addresses are as follows

* Michael Crawford 207 Regional Account Manager michael@paycopayee.org
* KC Foster Ext 207 Asst to Michael Crawford kc@paycopayee.org
* Hannah Owen Ext 208 Account Manager hannah@paycopayee.org
* Misty Foster Ext. 205 Account Manager misty@paycopayee.org
* Brittany McCoy Ext 204 Director of Operations brittany@paycopayee.org

**Regional Offices**

**Dayton PayCo office number is 939-949-7470**

**Dayton fax number is 937-949-7471**

Maurice Neal Regional Account Manager maurice@paycopayee.org

Rachael Hansford Office Assistant dayton1@paycopayee.org

|  |
| --- |
| **Personal Information** |
| Client Name | DOB |
| Current Address | SSN |
|  | Phone # |
| City, State ZIP | City Born |
| Previous Address | State Born |
|  | Mother’s Maiden Name |
| Previous City, State ZIP |  |
| Do you receive food stamps? Ο Yes Ο No ***If yes, how much? $*** |
| Have you ever been convicted of a felony? Ο Yes Ο No |
| History of drug abuse? Ο Yes Ο No |
| Have you been incarcerated in the last year? Ο Yes Ο No | If yes, date span: From: to: |
| Are you currently on probation? Ο Yes Ο No |  |
| Are you currently married? Ο Yes Ο No | If yes, input details under ‘Household Members’ |
| Have you ever been divorced? Ο Yes Ο No |  |
| Do you currently have a payee? Ο Yes Ο No | If yes, who/reason for changing? |
|  |

|  |
| --- |
| **Case Management Services/Supported Living Provider** |
| Do you receive case management services or have a SL Provider? Ο Yes Ο No |
| Name of Agency & Contact person |
| Address |
| Phone Fax Email |

|  |
| --- |
| **Household Members** |
| Spouse/Significant Other | DOB | SSN |
| Monthly Income | Income Source |  |

|  |
| --- |
| **Please provide the following requested information for each household member:** |
| Full Name | Age | Client Relationship | Monthly Income | Income Source |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

|  |
| --- |
| **Alternate Payees: Please indicate here if anyone in the household has a Payee other than themselves or PayCo** |
| Payee’s Full Name | Payee’s Phone Number |
|  |  |
|  |  |
|  |  |
| **Guardian Information** |
| Have you been deemed legally incompetent? Ο Yes (Provide original guardian paperwork) Ο No |
| Do you have a guardian of estate? Ο Yes Ο No If yes, fill in the following fields |
| If you answered yes to the above questions, please complete the following. PayCo will not be able to apply for payeeship without an original copy of court appointed guardian documentation. |
| Guardian Name: |
| Guardian Title: |
| Guardian Address: |
| Guardian Phone Number: |
| Guardian Date of Appointment: |
| **Landlord/Mortgage Information** |  |
| Landlord Name | Landlord Phone |
| Address | Amount of rent $ |
|  | Date rent due |
| City, State ZIP | Date last moved |

Is the client or anyone living at the residence related to the landlord? Ο Yes Ο No

|  |
| --- |
| **Utility Information**: Please provide the requested information for each utility bill paid by the client and provide a copy of a current bill or statement for each.  |
| Name of company | Address | Account # | Amount |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **Employer Information** |
| Employer Name | Amount $ | Frequency |
| Employer Address |
| Hourly Rate $ /hr. | Employer Phone |
| Hire Date |  |
| Paper Check Ο or Direct Deposit Ο (See attached D.D. Form) |  |
| Paystubs must be submitted to PayCo regularly to be in compliance with the Social Security Administration. Paystubs not turned in can create an overpayment for SSI benefits or wages to be estimated by Social Security. |
| **Monthly Printout** |
| Would you like a copy of your account activity each month? Ο Yes Ο No |
| Check one: Ο Fax Ο Email Ο US Postal Mail |
| Please indicate the fax number, email address or physical address and person to send to: |

**Signatures**

|  |
| --- |
| I affirm that all the information provided is true and up to date. I also understand that it is my responsibility to make sure that PayCo has complete and accurate information on my record at all times. |
| Client Signature | Date |

**PART III CLIENT/AGENCY RESPONSIBILITY CHECKLIST**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*My signature below indicates the following items have been discussed with me to my satisfaction and any questions have been answered.*

**PayCo (Agency) rules have been explained:**

Services are made available to clients without regard to race, religion, creed, origin, disability or sexual orientation.

**The Agency’s expectations of me have been explained:**

A client is expected to provide truthful, accurate information to the best of his/her knowledge.

The client needs to notify the Agency when changes occur in health, living arrangements, employment

or income. Our services are voluntary and either party may terminate services with notice.

**Hours of operation:**

**Columbus Office**: Monday – Friday 9am-3:30pm **closed Wednesdays**

**Dayton Office-** Monday, Tuesday, Thursday 9am to 3pm, **closed Wednesdays and Fridays**

**All PayCo locations are closed on all federal holidays and as posted by Administration.**

***I agree to release any information from* PayCo** ***to any agency that is acting in an advocacy role for the benefit of my finances. I agree to have all information on all sources of income (and bank accounts) and bills directed to* PayCo*.***

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby authorize PayCo at (checkmark a location)**

**\_\_\_\_\_ 895 S. HIGH ST. COLUMBUS, OHIO 43206**

**\_\_\_\_\_ 5 N. Williams St, Dayton, OH 45405**

**to receive and/or release financial information to the following:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE/FAX NUMBERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this authorization for the release of information is continuous and will not expire unless otherwise indicated below.

DATE OF EXPIRATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this release can be revoked by me at any time except to the extent that the program or person who is making the disclosure has already released information and that the revocation must be signed and dated.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby revoke my consent for the release of information:

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POLICIES & PROCEDURES**

**BUDGETS**:

* Money is available on the day or days that are established in the monthly budget. Checks may not be picked up early. PayCard loads may not be done earlier than the agreed day as per the original budget meeting. Checks may only be picked up by the client listed on the check or a pre-approved representative.
* **Budget changes MUST be in by the 22nd of the month** and will go into effect the following month.
* Individuals with large back payments must establish a separate budget for those funds.
* All vehicle purchases must be approved by the CEO. Please note that beneficiaries receiving SSI benefits will typically not be permitted to purchase any type of motor vehicle. This includes SSI recipients who receive large back payments.
* PayCo reserves the right to adjust discretionary funds to cover rent and utility costs that exceed the monthly budget.
* PayCo is not a lending institution; therefore monies cannot be borrowed under any circumstances.
* PayCo is not responsible for errors due to inadequate or erroneous information provided by the claimant, **this includes bill payment**.
* PayCo will return all conserved funds to the Social Security Administration in the event of a claimant’s death or change in payee.
* Utility bills are kept on file for one year only.
* Upon termination of services, claimant has until the end of their final month with PayCo to review their account. After that 30 day period if the claimant wants to review their account a fee per hour will be charged.

**RENT/HOUSING**:

* Only one rent check is issued per month.
* All rent checks are mailed. **SSI recipients’ rent checks are mailed on the 1st of every month, SSDI recipients’ rent checks are mailed on the 3rd** of every month.
* Motels are not considered permanent housing and will not be approved unless the individuals account balance exceeds $1,500.
* Requests for changes regarding rent payment must be made in writing by the 22nd of the month for the next month.
* If you are homeless or become homeless, PayCo must save 45% of your monthly income for future housing. Again, motels do not meet the housing criteria for the Social Security Administration (SSA).
* All SSI recipients not paying rent will see a reduction in their monthly entitlements as establish by the SSA.
* A signed lease must be turned in prior to paying any landlord.
* **All rent checks must be made payable directly to the legal landlord as described on the county auditor website**. NO rent checks are payable to family, friends or unauthorized individuals.
* The Number living in the household does affect rent payments. SSI recipients cannot pay rent for other individuals in the household. PayCo is only responsible for the rent payment of its contracted clients.

**ADDITIONAL REQUESTS FOR FUNDS**:

* Additional request for funds not allocated in the budget may be withdrawn by special requests.
* Individuals who are not paying rent to a legitimate landlord by PayCo **may not** request additional funds unless total balance is over $1500.00.
* For clients who have an excess of money in their account, it will be required that receipts are returned upon the completion of any purchase. Checks for $500.00 or more will be absolutely, with ***no exceptions,*** required to provide receipts. In the event receipts are not returned, PayCo reserves the right to deny any further requests. Receipts must show the date, amount and form of payment to be accepted. Accepted receipts will be intact and legible. Any receipts that are not within the guidelines of this policy will be returned to the client.

Additional request for funds are limited to **three** requests per month. If more money is needed and the funds are available, a new budget must be established with your account manager.

* PayCo reserves the right to deny requests if deemed inappropriate or illegitimate. Payco also reserves the right to deny request due to insufficient documentation such as invoices, receipts, etc.
* Individuals are entitled to (3) requests per month for $100.00 each. Requests may be combined to equal the maximum amount of $300.00, but in that case, **counts as all 3 requests**
* PayCo reserves the right to increase our fee in cases of excessive and inappropriate use of our services.
* PayCo reserves the right to terminate services at any point in cases of threatening, belligerent, violent, or inappropriate behavior. PayCo has zero tolerance for any of the above instances.

**BILLS:**

* RENT, GAS, and ELECTRIC payments are made in full each month unless there are insufficient funds in the client’s account. As stated previously discretionary funds may be adjusted so that the bills are paid in full.
* If funds are low in an account, PayCo will prioritize GAS, WATER and ELECTRIC payments. Phone and cable bills will not be included in the monthly budget unless there are adequate funds for food. If the phone is a requirement for housing or other reasons, the client will be set up with the Lifeline program. Many clients receiving SSI and without a housing subsidy cannot afford cable.
* Payments for bills that are not included in the monthly budget will be the responsibility of the client.
* Clients will be notified by mail as soon as possible in the event there are insufficient funds to pay bills that are on the monthly budget. Clients will be asked to make an appointment to adjust their monthly budget. However, budgets may be adjusted, as needed, at the Agency’s discretion.
* **Bill payment will depend on the number of residents living in the household**.
* PayCo will incur the cost of checks that are lost in the mail, with exception of late penalties. PayCo will advocate with the vendor to waive any late fees.
* Stop payment for lost checks requires two business days to reissue and will be entered at the discretion of the Agency.
* Checks that are picked up are the responsibility of the recipient and stop payments fees will be charged to their account in the event of loss.
* Negative balances are prohibited.
* One bus pass per month is issued.
* Property damage to the Agency by client will be billed to the client’s account.
* Bills can be emailed to us at paybills@paycopayee.org

**INITIAL BUDGET MEETING REQUIREMENTS**:

Please bring the following documents to your initial budget meeting. PayCo will not be responsible for any late fees associated with rent, utilities, or any other fee incurring bill, if the following documents are not presented prior to receiving your first check:

* Identification (current State ID or Drivers License)
* Lease or Mortgage Statement – Lease must be a legitimate document indicating the owner of the property as the landlord.
* Any current utility bills

***PayCo is obligated, by law, to notify the Social Security Administration in the event of the following:***

□ Hospitalization beyond 30 days □ Incarceration beyond 30 days

□ Change in employment status □ Change in marital status

□ Change in number in household or in rent □ Change in address

□ No contact with PayCo, beyond 30 days

CLIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Budget Plan**

|  |  |  |
| --- | --- | --- |
| **INCOME** | **Amt monthly** | **Mail or Pick up** |
|  T2 SSDI |  |  |
|  T16 SSI |  |  |
| VA/RR/BLACK LUNG INCOME |  |  |
| \*PENSION/ANNUITY |  |  |
| \*Provide name where pension/annuity is coming from |  |  |
| WORK (if sent here, monthly) |  |  |
| **TOTAL INCOME** |  |  |
|  |  |  |
| **PAYCO FEE** | **41.00** |  |
|  |  |  |
| **EXPENSES** |  |  |
| RENT |  |  |
| GAS |  |  |
|  ELECTRIC |  |  |
|  WATER/SEWAGE/TRASH |  |  |
| PHONE \*indicate if required for housing |  |  |
| BURIAL PLAN |  |  |
| RENTERS INSURANCE |  |  |
| MEDICARE PART D/CO-PAY/PHARMACY |  |  |
| BUS PASS |  |  |
| FOOD |  |  |
| HOMELESS BUDGET |  |  |
| AUTO INSURANCE |  |  |
| CABLE |  |  |
| **DISCRETIONARY OPTIONS** |  |  |
| 1ST & 15TH  |  |  |
| 3rd & 15th |  |  |
| Weekly check: Day: |  |  |
| ***For Providers:*** |  |  |
| Mail to Provider  |  |  |
| Mail to Client |  |  |
|  |  |  |
|  |  |  |

**I understand that this is a tentative budget plan based off of information that has been provided from the initial intake appointment and may be subject to change. Any changes will be discussed with me prior to being implemented.**

**CLIENT SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PayCo**

**P.O. Box 6006**

**895 S. High Street**

**Columbus, OH 43206**

CHECKLIST FOR PAYEE CHANGE

Welcome! Thank you for choosing PayCo for your payee needs. Now that you have completed the necessary steps to sign up for our services with our office, the below checklist will identify what further steps need to be taken to expedite your request. If you have any further questions regarding this process, please do not hesitate to call or visit us.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please go to the downtown Social Security office and appoint PayCo as your desired payee. The office is located at 200 N. High Street, Columbus, OH 43215
* If you have never had a payee before, go to the downtown Social Security Office (located at 200 N. High Street, Columbus, OH 43215) that will send the appropriate form (787 form) to your physician to get a payee approved for your benefits.

FOR CLIENTS LOCATED **OUTSIDE** OF COLUMBUS, OH:

* Please visit your local Social Security office and appoint PayCo as your desired payee.
* If you have never had a payee before, go to your local SSA office that will send the appropriate form (787 form) to your physician to get a payee approved for your benefits.

**Advance Notification of Representative Payment**

Name of Wage Earner, Self-Employed Person or Social Security Number

SSI Claimant

Name of Beneficiary (if other than above) Relationship to Wage

Earner, Self-Employed

Person or SSI Claimant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and agree with the following.

**Need for Representative Payee**

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

**Choice of Representative Payee**

**PayCo**

**SSA has selected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be my representative payee.**

**My Right to Appeal**

**I understand that I have the right to appeal SSA’s decision. I can appeal the choice of who will be the representative payee. In most cases, I can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else to help me.**

**I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.**

|  |  |
| --- | --- |
| 1. Signature of Witness | 2. Signature of Witness |
| Address(Number and Street, City, State, and ZIP Code) | Address(Number and Street, City, State, and ZIP Code) |

PAYCO APPLICATION FOR VANTIV DEBIT CARD

I authorize PayCo to give the following information to Vantiv for the sole purpose of loading my funds onto a debit card to be used by me and any authorized user named. I agree that PayCo can update my information as needed with Vantiv throughout my enrollment with this program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Client Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ATM: Yes\_\_\_\_ No\_\_\_\_ |

Please fill out **ALL** of the information above. An application can **NOT** be processed with any information missing.

Disclaimer:

Additional fees may be charged to the card holder account. PayCo will cover the charge for one initial debit card. However lost debit cards will be at the expense of the card holder. Additional fees may also include, but not limited to, replacing cards, emergency funds, and cancellation or transfer of funds on card. For Sale of Purchase the card should **always** be used as a debit (not credit) transaction. Holds for the actual purchase amount will always be placed on the card. Gas, hotels, rental car, and restaurants may place larger hold than the purchase price depending on their own policies and procedures regarding debit transactions. Non-5/3rd ATM’s may generate withdraw fees.