



Consumer Name	Employer Name	Attendant Name

Payment Change Form

Attendant Name	Attendant Social Security Number

Payment Information

(If a payment selection is not checked then VA CCC Plus will automatically set you up with the debit card)

Payment Selection (check only one box):

- Money Network® Debit Card
 Direct Deposit
 Paper Check

Direct Deposit

Account Type (check only one box):

- Checking Account
 Savings Account

Account Information

1. If selecting Money Network® Debit Card no additional documentation is needed in this section. Money Network will mail your card and your informational packet.
2. Direct Deposit can be cancelled by calling customer service. If you are changing your bank account information, this form must be submitted.

Banking Institution Name:	
Routing Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Pay Stub/Remittance Advice

GO GREEN: VA Cardinal Care, through Public Partnerships makes your pay stub available on the mobile app or web portal.

I authorize VA Cardinal Care through Public Partnerships LLC to deposit my payment directly into my account using an Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize VA Cardinal Care through Public Partnerships LLC to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize VA Cardinal Care through Public Partnerships LLC to withhold any payment owed to me until the erroneous deposited amounts are repaid. If I decide to cancel direct deposit, I will contact Public Partnerships LLC customer service and provide both the account and routing numbers of my account.

Cancellation

- I wish to cancel an existing Money Network Account.

State the reason for cancellation:

Payee Signature _____ Date _____