



Choice. With Confidence.

## IRIS Participant-hired Worker Payment Election Form

**Instructions:** 1. Participant-hired worker 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. If you have more than one IRIS employer, the payment method selected on this form will apply to all payments made by iLIFE.

Participant-hired Worker Name: \_\_\_\_\_

PHW Employee ID Number: \_\_\_\_\_ Last four digits of PHW Social Security number: \_\_\_\_\_

Participant Employer 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 <https://ilife.org/wp-content/uploads/terms-and-conditions-flyer.pdf>

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTE:** iLIFE pay cards cannot be mailed to P.O. boxes. iLIFE pay cards need to be activated immediately upon receipt of mailed card or you may experience a delay in payment and/or cancellation of the card.

**OR**

**Direct Deposit**

**Checking Account**

Attach either a voided check or a typed letter from the bank (on bank letterhead) that has the participant-hired worker'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-hired worker'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. I understand that to be effective for the pay date, I must submit this form at least five business days before the pay date.

Participant-hired Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_