



## Direct Deposit and Paycard Information

CEPS is pleased to be able to provide the option of using direct deposit for our clients who have bank accounts or the Rapid! paycard.

Here are some things you should know about Direct Deposit to your bank account or to your Rapid! paycard:

- Pending Rapid! approval, it takes 7 to 10 days after you enroll or activate your card to receive your first deposit. Your current direct deposit or pay card will be cancelled and you will receive paper checks while your application is processed.
- Direct Deposit is not available on weekends or bank holidays. If you are expecting a direct deposit on a Monday that is a bank holiday, you will receive it on the following Tuesday after the holiday.
- SSA still requires that you provide receipts when you are on direct deposit. You can hand deliver, fax, or mail in your receipts.
- If we do not receive your funds from Social Security in a timely manner your direct deposit may be delayed or stopped. Therefore, we do not recommend signing up for autopay or bill pay.
- If you have a mobile phone you can download the Rapid! App and sign up for text alerts for FREE.
- You agree to inform CEPS immediately if your phone number or address changes. If we are unable to reach you, we will stop sending payments.

One Time Cost of Card .....	Waived
<b>Allpoint &amp; MoneyPass ATM Withdrawal</b> .....	<b>\$0.00</b>
<b>Other ATM Withdrawal</b> .....	<b>\$2.50</b>
<b>POS Transaction Denials</b> .....	<b>\$0.50</b>
<b>Other ATMs Balance Inquiries</b> .....	<b>\$0.99</b>
<b>ATM denials</b> .....	<b>\$0.75</b>
<b>Allpoint &amp; Money Pass Balance Inquiries</b> .....	<b>\$0.00</b>
Monthly Fee Deducted from your CEPS account.....	\$0.00
POS Mastercard transaction (swipe card as credit) .....	\$0.00
Balance Inquiry via IVR (Interactive Voice Response-Telephone).....	\$0.00
POS – Pin purchase (using your card at a store with your pin #).....	\$0.00
Card Replacement - First is FREE/Then \$5 (Lost Card 10 days).....	\$0.00
Inactivity Fee .....	\$0.00

If you would like to take advantage of this valuable service, please fill out the reverse side and mail or fax it (with a voided check for direct deposit) to:

### Locations

<b>CEPS Downtown</b> ATTN: Direct Deposit PO Box 163150, Sacramento, CA 95816 <b>Or Fax to:</b> 916-441-1911 <b>Or return it in Person to:</b> 1400 North C Street Sacramento, CA 95811	<b>CEPS Modesto</b> ATTN: Direct Deposit 529 14 <sup>th</sup> St, Modesto, CA 95354 209-544-8595  529 14th Street Modesto, CA 95354	<b>CEPS Sacramento</b> ATTN: Direct Deposit PO Box 417010, Sacramento, CA 95841 916-348-1894  3111 Fulton Avenue Sacramento, CA 95821
---	---	---

[Info@CEPSONline.org](mailto:Info@CEPSONline.org)

[www.CEPSONline.org](http://www.CEPSONline.org)



Client Paycard  Client Acct  Landlord/Vendor Acct  Multiple CEPS locations

**Direct Deposit Authorization Agreement**

I hereby authorize CEPS to initiate automatic deposits to my account or to my Rapid! paycard at the financial institution named below. I understand that if Social Security does not send funds in a timely manner or we do not have contact with you, the direct deposit may be delayed or stopped. Due to this possibility, setting up autopay or bill payment from your account is not recommended and is at your own risk.

In the event funds are deposited erroneously into my account, I authorize CEPS to debit my account(s). I understand that CEPS reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Further, I agree not to hold CEPS responsible for any delay, loss of funds, or fees due to incorrect or incomplete information supplied by me or by the financial institution or due to an error on the part of the financial institution or CEPS in depositing funds to my account. Terms and Conditions are subject to change.

By signing below, I acknowledge that this agreement will remain in effect until CEPS receives a written notice of cancellation from me or my financial institution, until I submit a new direct deposit form to CEPS, or discontinue my services with CEPS.

**Direct Deposit Account Information**

Client Name: \_\_\_\_\_ Account Holder: \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please attach a voided check or bank statement and return with this form.**

**Rapid! Paycard Account Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone Type: Cell \_\_\_\_ Home \_\_\_\_ Msg \_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Verify Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Verify SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**\* Use CEPS physical address if the client DOES NOT have a permanent residence.**

**Signature**

By signing below I acknowledge that I have read and understand all of the above. I also understand that my account and agreement is with the financial institution I have selected above. This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in or in connection with any such claim or proceeding brought thereon and in defense thereof. CEPS is not responsible for any fees incurred and that the use and care of your account, card, and pin is your responsibility. I agree to NOT share my PIN. Paycards are pending a 7-10 day Rapid! approval.

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

AM: \_\_\_\_\_ Corp: \_\_\_\_\_