



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 BLAZEPAYS paycard.

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

- Pending BLAZEPAYS 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 BLAZEPAYS 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
ATM withdrawal (ATM Owners may charge an additional fee)	\$2.00
ATM Balance Inquiries/ATM Statement	
(ATM Owners may charge an additional fee)	\$0.50
Instant Issue One Time Cost of Card	\$5.00
(Deducted from your account @ CEPS) Monthly Fee	\$0.00
Signature Visa Purchase (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 from BLAZEPAYS (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 return it (with a voided check for direct deposit) to:

Locations

CEPS Downtown

ATTN: Direct Deposit
 PO Box 163150, Sacramento, CA 95816
 Or Fax to: 916-441-1911

Or return it in Person to:

1400 North C Street
 Sacramento, CA 95811

CEPS Modesto

ATTN: Direct Deposit
 529 14th St, Modesto, CA 95354
 209-544-8595

529 14th Street
 Modesto, CA 95354

CEPS Sacramento

ATTN: Direct Deposit
 PO Box 417010, Sacramento, CA 95841
 916-348-1894

5825 Auburn Blvd
 Sacramento, CA 95841

Info@CEPSONline.org

www.CEPSONline.org



UCI: _____
Office: DT MOD SAC

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 BLAZEPAYS paycard at the financial institution named below.

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.

I understand that if Social Security does not send funds in a timely manner that 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.

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.

BLAZEPAYS Paycard Account Information

First Name: _____ Middle Initial: ____ Last Name: _____

Birthdate: ____ / ____ / _____ Verify Birthdate: ____ / ____ / _____

SSN: ____ - ____ - _____ Verify SSN: ____ - ____ - _____

Email Address: _____ Verify Email Address: _____

Phone Number: ____ - ____ - _____ Phone Type: Cell or Home

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Legal Address: _____

City: _____ State: _____ Zip Code: _____

*CEPS mailing address can only be used if the Client is homeless *If Legal Address is the same as the Mailing put "Same As"

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 BLAZEPAYS approval.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____