

TIMELINE FOR TRANSITIONING TO RAPID! PAYCARD

1/27/2016 – Conference call with rapid! Paycard: Art Kimball, Alex Bartels and Dallas Wilfong.

2/1/2016 – Conference call with Sam Clues, w/ rapid! Paycard.

2/15/2016 – Ho-Chunk Nation discontinue offering new BMO Harris payroll cards.

2/24/2016 – Cardholder letters mailed to current payroll cardholders by BMO Harris Bank announcing their decision to discontinue the payroll card program. Goal is for letter to be delivered by the week of March 1.

?? 3/1/2016 – Rapid! Paycards mailed to current BMO payroll cardholders.

3/11/2016 – Ho-Chunk Nation's final date to load PAYROLL funds to BMO Harris Payroll Cards.

3/15/2016 – Ho-Chunk Nation's final date to load PER CAP funds to BMO Harris Payroll Cards.

3/18/2016 – First load of PAYROLL funds to new rapid! Paycard.

3/31/2016 – All BMO Harris Payroll Cards will be closed.

4/01/2016 – First load of PER CAP funds to new rapid! Paycard.

4/04/2016 – BMO Harris Bank will mail Checks to cardholders with remaining balances on March 31, 2016 to address on file



HO-CHUNK NATION
DEPARTMENT OF TREASURY

Tribal ID# _____

PER CAPITA DIRECT DEPOSIT AUTHORIZATION FORM

New Change Cancel

Check one box above and complete the balance of the form in its entirety.
Return the original form to the address at the bottom.

Instructions:

1. If requesting a Payroll Card, please fill in the Name of Financial Institution as "PAYROLL CARD" and mark the box Payroll Card. The account and routing numbers are generated when the payroll card is ordered.
2. It is your responsibility to notify the Payroll Department immediately of any changes in your financial institution information.
3. Attach a voided check, if applicable.
4. You must sign and date the completed form.
5. For all new forms and changes submitted, a pre-notification to the bank must be done. It may take 2-3 weeks for your direct deposit to become effective.
6. The form must be completed in it's entirely before returning to the Payroll Department.

Tribal Member Information

Name	Address	Home Phone Number
Last four digits SSN or Employee ID Number	City, State, Zip	Work Phone Number

***REQUIRED* Primary Account – Financial Institution Information**

Name	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Payroll Card
Address	Account Number	Deposit Amount Will Be: <input checked="" type="checkbox"/> Net pay after other authorized deposits listed below.
City, State, Zip	Routing Number	

Optional Secondary Account – Financial Institution Information

Name	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Payroll Card
Address	Account Number	Amount of Deposit: \$ _____ or _____ % of net pay
City, State, Zip	Routing Number	

Optional Secondary Account – Financial Institution Information

Name	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Payroll Card
Address	Account Number	Amount of Deposit: \$ _____ or _____ % of net pay
City, State, Zip	Routing Number	

I authorize you and the Financial Institution(s) listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to this account.

TRIBAL MEMBER SIGNATURE

DATE

This authorization will remain in effect until cancelled in writing.



HO-CHUNK NATION
DEPARTMENT OF TREASURY

EE # _____

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

New Change Cancel

Check one box above and complete the balance of the form in its entirety.
Return the original form to the address at the bottom.

Instructions:

1. If requesting a Payroll Card, please fill in the Name of Financial Institution as "PAYROLL CARD" and mark the box **Payroll Card**. The account and routing numbers are generated when the payroll card is ordered.
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6. The form must be completed in its entirety before returning to the Payroll Department.

Employee Information

Name	Address	Home Phone Number
Last four digits SSN or Employee ID Number	City, State, Zip	Work Phone Number

***REQUIRED* Primary Account – Financial Institution Information**

Name	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Payroll Card
Address	Account Number	Deposit Amount Will Be: <input checked="" type="checkbox"/> Net pay after other authorized deposits listed below.
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Optional Secondary Account – Financial Institution Information

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Address	Account Number	Amount of Deposit: \$ _____ or _____ % of net pay
City, State, Zip	Routing Number	

Optional Secondary Account – Financial Institution Information

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Address	Account Number	Amount of Deposit: \$ _____ or _____ % of net pay
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EMPLOYEE SIGNATURE _____

DATE _____

This authorization will remain in effect until cancelled in writing.