



# ELECTRONIC PAYMENT OPTIONS

(SELECT OPTION 1 OR OPTION 2)

**OPTION 1:**

## PERSONAL ACCOUNT

NEW REQUEST OR  CHANGE REQUEST

PROVIDER NAME (Please PRINT)		PROVIDER ID NUMBER	
ADDRESS			
CITY	STATE	ZIP CODE	
DATE	SSN OR FED TAX ID	PHONE NUMBER ( ) -	
<p>I authorize CRYSTAL STAIRS and the institution named below, hereinafter called BANK, to make credit entries, and if necessary, debit entries for any credit entries made in error to my personal account described below. I understand that ALL my payments from the CALWORKs and/or CCAP programs will be electronically deposited into the SAME account until I give written notification of change of account. I also understand that such written notification will allow CRYSTAL STAIRS at least 3 business days to process my request.</p> <p><b>***CHECKING ACCOUNTS: PLEASE ATTACH A VOIDED CHECK.</b>  <b>***SAVINGS ACCOUNTS, DEBIT CARDS: PLEASE ATTACH A BANK SUPPLIED DIRECT DEPOSIT ENROLLMENT FORM.</b></p>			
<input type="checkbox"/> CHECKING		<input type="checkbox"/> SAVINGS	
<input type="checkbox"/> PERSONAL DEBIT CARD			
BANK NAME		BRANCH	
CITY	STATE	ZIP CODE	
PHONE NUMBER ( ) -	ABA / ROUTING NUMBER (Please ASK your bank)	ACCOUNT NUMBER	
<p>I certify that the information provided is accurate and authorize Crystal Stairs to use it as such. I also understand that if I DO NOT notify Crystal Stairs immediately about any changes to my account information, my payment will be delayed until the NEXT scheduled check run.</p>			
PROVIDER SIGNATURE:			

**OPTION 2:**

## SKYLIGHT ONE PAY CARD

NEW APPLICANT OR  RETURNING TO EXISTING CARD

Enrollment Form		<i>Skylight ONE</i>	
HOME ADDRESS (P.O. Boxes not accepted)		CITY	STATE
HOME TELEPHONE ( ) -		E-MAIL ADDRESS (optional)	
SOCIAL SECURITY NUMBER (EIN's not accepted) - -		DATE OF BIRTH / /	PROVIDER ID NUMBER
<p>By selecting the <b>Skylight ONE Card</b> and signing hereunder, I authorize Crystal Stairs (Company) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my Skylight Account, as applicable. This authorizes the financial institution holding the Account to post all such entries. There is no application and no credit approval process (but we may ask you for information and/or documents that will allow us to identify you, such as your date of birth, social security number and driver's license). Further, I understand that I have the right to change the method of payment that I have elected on this form. If I do desire to change my method of payment, then I will notify the Company and execute a new Electronic Payment Option form setting forth my new election. This authorization will be in effect until the Company receives a written termination notice from me and the Company has a reasonable opportunity to act on it.</p>			
Cardholder Signature		Date	

RETURN FORM VIA FAX TO: 310.258.5915  
or BY MAIL TO: Crystal Stairs Inc., **ATTN:** Payment Processing Unit, P.O. Box 92222, Los Angeles, CA 90009-2222

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