U.S. Bank ReliaCard®

Enrollment Form

Mail this completed form to: HCV.finance@cintimha.com

To learn more about CMHA please call 513.977.5800.

To learn more about ReliaCard, visit **usbankreliacard.com.**

Your U.S. Bank ReliaCard will be mailed to the address provided below.

First Name: Middle Initial:

Last Name:

Address:

City: State: Zip Code:

Phone Number[1]:

Email Address (if applicable):

Social Security Number:

Date of Birth:

By signing this form, I authorize the agency to share with U.S. Bank National Association (Bank) all of the information I provide on this form. The agency will share this information with the Bank for the purpose of establishing a U.S. Bank ReliaCard prepaid account (my ReliaCard) for me at the Bank and to process my payments to the Bank. I authorize the agency to deposit my payments to my ReliaCard, and, if necessary, to electronically debit my ReliaCard to correct erroneous credits. This authorization cancels and replaces any direct-deposit agreement I currently have in place with the agency. This authorization will remain in effect until cancelled by me in accordance with directions from the agency.

Signature: Date:

1.By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications– including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system–from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider.

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