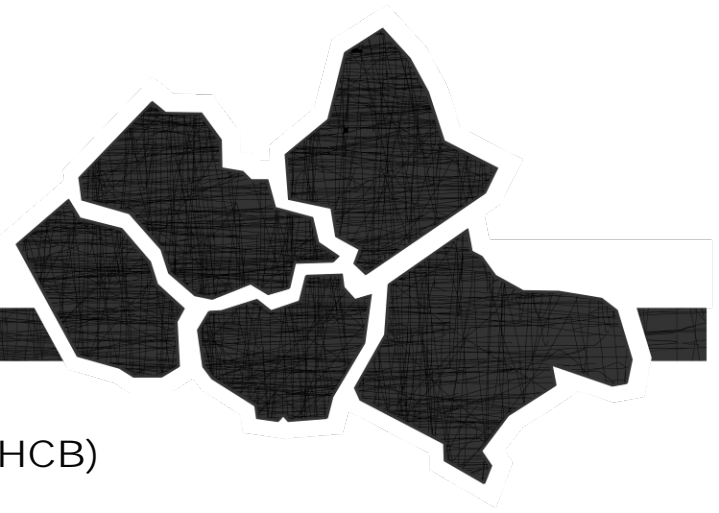


GATEWAY

AREA DEVELOPMENT DISTRICT



Home and Community Based Waiver (HCB) Participant Directed Services (PDS) Authorization Agreement for Electronic Pay Stub Submission

Name: _____

Email Address: _____

By signing below, I hereby consent to receiving my payroll stubs and any and all payroll-related notices, disclosures, and other communications electronically and by email. I understand that my consent to receive electronic delivery of such communications is voluntary, and may be withdrawn at any time. It is my responsibility to ensure my contact information is accurate, complete, and is updated as often as is necessary. I also understand that any changes I make to contact information, especially my email address, may affect or prevent the electronic delivery of such payroll stubs and communications. I acknowledge that I am solely responsible for the privacy of my email account and maintaining the confidentiality of my password and email account information.

Signature: _____

Date: _____

This form may be downloaded from <http://gwadd.org/pd2-hcb2/>. This form may be electronically submitted in the following formats:

1. A clearly legible photo or scan of this form with a handwritten signature by email to info@gwadd.org
2. A copy of this form signed with a valid electronic signature by email to info@gwadd.org