



Oregon
Independent Choice Program (ICP)
Participant Cash Benefit Payment Agreement

I, _____, (participant's printed name) have chosen to participate in the Independent Choice Program (ICP). I am aware of my responsibility to pay my assigned Cash Benefit that has been determined by the Department of Human Services/Aging & People with Disabilities, Independent Choices Benefit Calculation to Acumen Fiscal Agent so they can pay my employee(s) and other services as covered by the Independent Choices program.

I agree to the following:

- Pay my monthly cash benefit to Acumen, my fiscal agent, through a direct auto withdrawal process. This auto withdrawal will occur by the 12th of each month and for the full amount received for that month.
- If a pay-in amount is owed, this amount will be deposited into my Cash Benefit account. The monthly amount that is withdrawn by Acumen will include the pay-in. I will have my pay-in deposited before the 12th of each month.
- I understand I will be suspended for non-payment of the monthly pay-in even if the cash benefit has been paid, and my employee(s) will not be paid until the pay cycle after my pay-in is received by Acumen. If work was performed for me, and I fail to pay my pay-in I will be held responsible for paying my employee(s) for the month(s) I am suspended regardless of cash benefit amount. I understand that unpaid pay-ins may result in an involuntary disenrollment from the program.

I understand the above statements and conditions and I agree to pay my monthly cash benefit through an auto withdrawal by Acumen Fiscal Agent.

Participant/Authorized Representative Signature

Date

Acumen will auto withdraw the cash benefit once the authorization has been received:

Automatic bank withdrawal

- Step 1 – complete the Authorization for Automatic Withdrawal for Cash Benefits form
- Step 2 – fax ((844) 343-2590 or mail (5416 E Baseline Road, Ste. 200, Mesa, AZ 85206) form and voided check or deposit slip to Acumen