



## **Direct Deposit Form SAMPLE**

for			
⊠ Cons/Rep ☐ Employee		Independent Contractor	☐ Vendor
Instructions:  1. Complete the "Required Information" section. 2. Complete the Direct Deposit section to specify where you want your pay deposited. 3. Sign at the bottom of the form. 4. Retain a copy of this form. 5. Give to Participant or Participant's Representative. 6. If this form is for the Participant or Participant's Representative, it should be submitted with the initial enrollment forms. If it is sent later, mail it direct to CDC+ at the address below. 7. If this form is for a provider, it should be submitted with the initial provider packet that accompanies the purchasing plan. If it is sent later, mail it direct to CDC+ at the address below.  Mail to:  Consumer Directed Care Plus  Agency for Persons with Disabilities  4030 Esplanade Way, Suite 380  Tallahassee, FL 32399-0950			
Required Information			
Employer/Consumer Name and CDC+ ID Number:		CHARLIE CONSUMER II	D # 1234567
PLEASE PRINT			
Name of Individual/Business requesting Direct Deposit:		ROBERTA REPRESENTATIVE	
Email Address of Individual/Businss:		robertarep@aol.com	
A voided check with individual's/business's name officially printed on the check, not a deposit form, or a letter from the bank if you do not have a qualifying voided check,  MUST be attached to this form for the request to be processed.			
Complete for Direct Deposit			
I would like my wages/salary/payments deposited to the following bank account:			
Bank Account Type:	Checking	Savings	
Bank Name: <u>First Bank of Florida</u>			
Bank Routing Number (9 digits): <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u>			
Bank Account Number: 000000111112222			
Please <b>attach</b> one of the following (check one  Voided check (deposit slips are not accept  Bank letter or specification sheet* *See y	oted)	ank representative.	
Signature of individual or authorized representative of business requesting Dir Dep:			_ Date