## Direct Deposit Form SAMPLE

for
Cons/Rep $\quad \square$ Employee $\quad \square$ Independent Contractor $\quad \square$ 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:
PLEASE PRINT
Name of Individual/Business requesting Direct Deposit:
Email Address of Individual/Businss:

CHARLIE CONSUMER ID \# 1234567

ROBERTA REPRESENTATIVE
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:

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