



## 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    ID # 1234567

**PLEASE PRINT**

Name of Individual/Business requesting Direct Deposit:    HOME HEALTH CARE, INC.

Email Address of Individual/Business:    homehealthcare@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:**

<b>Bank Account Type:</b>	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:	<u>First Bank of Florida</u>	
Bank Routing Number (9 digits):	<u>1 2 3 4 5 6 7 8 9</u>	
Bank Account Number:	<u>000000111112222</u>	
Please <b>attach one</b> of the following (check one):		
<input checked="" type="checkbox"/> Voided check (deposit slips are not accepted)		
<input type="checkbox"/> Bank letter or specification sheet* <i>*See your local bank representative.</i>		

Signature of individual or authorized representative of business requesting Dir Dep: \_\_\_\_\_

Date \_\_\_\_\_