



## rapid! PayCard Visa Payroll Card Request Form

for

Employee

**(Con/Rep, Independent Contractor [IC] or Vendor [AV] cannot be issued a rapid! PayCard)**

### Instructions:

1. Complete the 'Required Information' for the payment method you are selecting
  - a) Page 1 – rapid! PayCard Visa Payroll Card
  - b) Page 2 - Direct Deposit to your own Banking Institution/Electronic Funds Transfer (EFT)
2. Sign where a signature is required on the form for the payment method you have completed.
3. Retain a copy of this form.
4. Give form to Participant or Participant's Representative
5. The Participant or Participant's Representative should submit with the initial employee packet that accompanies the purchasing plan. If it is sent later, it should be mailed directly 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

PLEASE PRINT

\* Employer/Participant Name and CDC+ ID Number: \_\_\_\_\_

\* Name of Employee requesting Payroll Card: \_\_\_\_\_

**YES, sign me up! I would like to request a rapid! PayCard Visa Payroll Card**

### Required Cardholder Information

Title
First Name *
Middle Name/Initial
Last Name *
Mailing Address *
City *
Country *
State *
Postal Code *
Birth Date * / / month/day/ year format
SSN *
Driver License
Driver License State
Home Phone
Office Phone
Mobile Phone
Fax Number
Email Address *

**Signature of Employee requesting rapid! PayCard Visa**

**Payroll Card:** \_\_\_\_\_ **Date** \_\_\_\_\_