

## Direct Deposit Form

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/Participant Name and CDC+ ID Number: PATTI PARTICIPANT

*PLEASE PRINT*

Name of Individual/Business requesting Direct Deposit: REBECCA REPRESENTATIVE

Email Address of Individual/Business: rebeccarep@gmail.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: FLORIDA FIRST CHECKING AND SAVINGS BANK

Bank Routing Number (9 digits):    1 5 6 7 0 0 0 0 7

Bank Account Number: 000000056789

Please **attach one** of the following (check one):

Voided check (Not a deposit slip)     Bank letter or specification sheet\* \*See your bank representative.

**Signature of individual or authorized**

**representative of business requesting Dir Dep:** Rebecca Representative    **Date** XX/XX/XXXX