



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: _____

PLEASE PRINT

Name of Individual/Business requesting Direct Deposit: _____

Email Address of Individual/Business: _____

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:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:	_____	
Bank Routing Number (9 digits):	_____	
Bank Account Number:	_____	
Please attach one of the following (check one):		
<input type="checkbox"/> Voided check (Not a deposit slip)	<input type="checkbox"/> Bank letter or specification sheet* *See your bank representative.	

Signature of individual or authorized representative of business requesting Dir Dep: _____

Date _____