



Direct Deposit Form

for

Employee Cons/Rep Vendor Independent Contractor

Instructions:

1. Complete the "Required Information" section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form.
5. **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

Employee Name: _____

Employee Email Address: _____

A voided check, not a deposit form, **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: _____

Bank Routing Number (9 digits): ___ ___ ___ ___ ___ ___ ___ ___

Bank Account Number: _____

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

- Voided check (deposit slips are not accepted)
- Bank letter or specification sheet* **See your local bank representative.*

Signature _____ **Date** _____