



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** _____