



Direct Deposit /
rapid! PayCardr Visar Payroll Card Request 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.
7. If this form is for a provider, it should be submitted with the initial provider packet that accompanies the purchasing plan.

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 Individual/Business requesting Direct Deposit:
* Email Address of Individual/Business:

YES, sign me up! I would like to request a rapid! PayCardr Visar Payroll Card

Or Complete the section below if you would rather your funds be sent by Direct Deposit to your own banking institution

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.

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

Signature of individual or authorized representative of business requesting Direct Deposit or rapid!

PayCardr Visar Payroll Card: _____ Date _____