



DIRECT DEPOSIT AUTHORIZATION FORM

Table with 2 columns: Member Name, CDTN Member ID #

Consumer Direct Care Network (CDTN) can make weekly direct deposit payments to vendors for services provided. Benefits include:

- Payment goes straight to your bank account.
• No mail delays.
• No trips to the bank to deposit your check.
• No checks lost, misplaced, or stolen.

Information for Individual/Vendor who will be Issued Payment

Individual/Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If I provide my email, I agree to have CDTN email me information.

I authorize CDTN to make deposits to the bank or credit union account named below.

Name of Bank or Credit Union: \_\_\_\_\_

Account Type (check one): [ ] Checking [ ] Savings

Checking Accounts:

Attach (tape) voided check here
Do not attach a deposit slip.

For Savings Accounts: Provide a document from your bank with your account numbers to process direct deposit. Please provide a separate document for larger documents. Do not attach a deposit slip. Deposit slips do not have all the necessary numbers.

If CDTN deposits money into my account by mistake, I give them permission to take it back from my account to fix the error. It's my job to check and confirm each deposit. If there are any fees for not having enough money in my account, I agree to pay them. CDTN can choose not to accept any direct deposit requests. All direct deposits have to go through an Automated Clearing House (ACH). This process follows the rules of ACH and your bank. This agreement will stay in place until I cancel it in writing.

Individual/Vendor Signature

Date

Form submittal: Please email to InfoCDTN@consumerdirectcare.com.

