



Community Coordinated Care for Children, Inc.  
 3500 West Colonial Drive  
 Orlando, FL 32808  
 (407) 522-2252  
 FAX: (407) 445-7341-Attn: June Layfield



## **DIRECT DEPOSIT AUTHORIZATION FORM**

**Provider Name:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Bank's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**ABA Routing Number:** \_\_\_\_\_

The bank routing number (ABA) as shown below

Joe Smith 1234 Anystreet Court Anycity, AA 12345	1234	
Pay to the order of _____ _____ Dollars		
Bank Anywhere ⑆ 123456789 ⑆ 123456789123 ⑆ 1234		
Routing Number	Account Number	Check Number

**I want my deposit to go into my:**

**Checking Account Number:** \_\_\_\_\_  
 (Attached a voided check)

**Savings Account Number:** \_\_\_\_\_  
 (Attached a deposit slip)

I, \_\_\_\_\_, hereby authorize Community Coordinated Care for Children, Inc. to direct deposit my reimbursement into the bank account identified.

\_\_\_\_\_  
**Provider Signature:**

\_\_\_\_\_  
**Date:**