



Community Coordinated Care for Children, Inc.  
3500 West Colonial Drive  
Orlando, FL 32808  
(407) 522-2252  
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		
<b>Routing Number</b>	<b>Account Number</b>	<b>Check Number</b>

**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:**