CENTRAL FLORIDA CARE GROUP, INC.
"Look at me not my disability"

3505 Lake Lynda Dr. Suite 200
Orlando, FL 32817
Email: admin@cfcaregroup.com
Website: cfcaregroup.com
Contact No: (407)-202-8279
(407) 499-8336
Fax No: (863) 496-2524

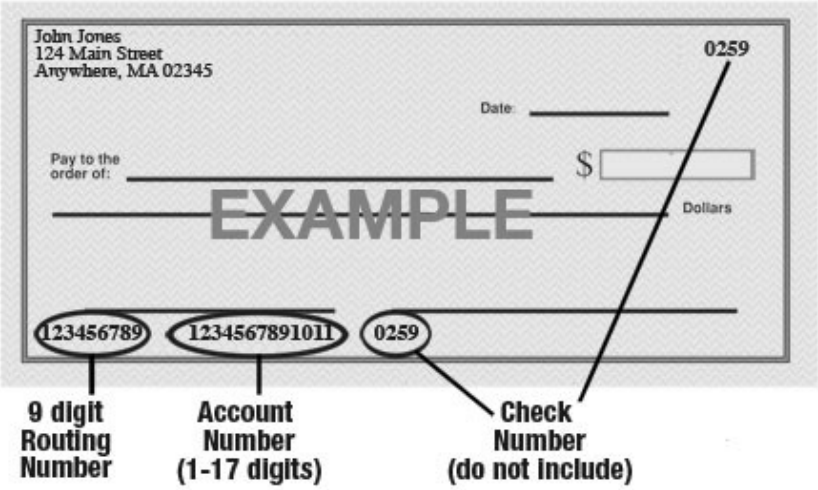
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ $ _____ ☐ _____% or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.

Central Florida Care Group, Inc. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____/____/_____