



VENDOR DIRECT DEPOSIT AUTHORIZATION

Consumer Direct Care Network (CDCN) has the ability to process payments to vendors through a weekly direct deposit service. Advantages of this service include:

- Payment goes straight to your bank account
- No mail delays
- No more trips to the bank to deposit your check
- No checks to lose, misplace or be stolen

Authorization for Direct Deposit Payment Processing

Vendor Name: _____ Phone: _____

Email: _____

(Providing email contact information is highly recommended. Payment confirmation will be sent via email.)

I authorize CDCN to initiate deposits to the financial institution and account named below.

Name of Bank or Credit Union: _____

Account Type (check one): Checking Savings

For Checking Accounts:

Attach (tape) voided check here

Do not attach a deposit slip.

For Savings Accounts: provide a document from your bank with exact numbers to process direct deposits to your account. If the document is larger than a standard-sized check, please provide a separate document. Do not attach a deposit slip because it does not have all the necessary numbers.

In the event that funds are deposited mistakenly to my account, I authorize CDCN to debit my account to correct the error. It is my responsibility to confirm that each deposit has occurred and to pay any fees caused by overdrafts on my account. I understand that CDCN reserves the right to refuse any direct deposit request, that all direct deposits are made through an Automated Clearing House (ACH), and that the processing is subject to ACH terms and limitations, as well as those of my financial institution. This authorization will remain in effect until I have cancelled it in writing.

Vendor Signature

Date

Form submittal: Please mail to Consumer Direct Care Network, 100 Consumer Direct Way, Suite 375, Missoula, MT 59808 or email to InfoAccountsPayable@consumerdirectcare.com

