



California
Care
Coordinators



901 W. Civic Center Drive
Suite 200
Santa Ana, CA 92703



(888)582-2282



www.joinccc.org

DIRECT DEPOSIT AUTHORIZATION FORM

To set up ACH Direct Deposit, please provide a **VOIDED CHECK** from your account with payee's name and address visible. If a Voided Check is unavailable, provide a letter from your financial institution on their letterhead in order to verify payee's account and routing numbers for a successful transfer.

***All Fields Must Be Filled**

Pay to the Order Of (Payee): _____

Bank Routing Number (Non-Wire): _____

Bank Account Number: _____

Note: The receiving party will be provided with an IRS Form 1099 from CCC after the end of the calendar year of which payment was made. Prior to processing an authorized Direct Deposit, CCC must obtain the corresponding party's W9 on file, signed and dated.

Certification: I/We hereby certify under penalty of perjury under the laws of the State of California that all information contained within this document is true and correct. Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE STATEMENTS to any department or agency conducting operations within the United States of America. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER CALIFORNIA LAW. I certify that I am the legal owner or authorized party to receive funding from California Care Coordinators.

Signature of Authorized Signer: _____

Name of Authorized Signer (Printed): _____

Phone Number: _____ Email: _____ Date: _____