Direct Providers Care™

ACH Authorization Form

Broker / Partner Direct Deposit Setup

Use this form to authorize Direct Providers Care(TM) to send eligible payments by ACH direct deposit.
Do not email this completed form unless using a secure/encrypted method. Attach a voided check or bank letter when requested.

1. Payee / Broker Information

Legal name / payee name *

DBA / agency name

Email address *

Phone number *

Tax ID last 4 digits

Mailing address *

2. Payment Purpose

- ☐ Broker compensation / recurring commissions
- ☐ Activation or retention bonus payments
- ☐ Refunds / reimbursements
- ☐ Other

If other, describe

3. Bank Account Information

Bank name *

Bank phone

ABA routing number *

Account number *

Account type *

- ☐ Checking
- ☐ Savings

Name on bank account *

Bank address

Required attachment

Please attach one of the following: voided check, bank letter, or direct-deposit verification document.
Do not attach a deposit slip.

4. Authorization

I authorize Direct Providers Care(TM) to initiate ACH credit entries to the bank account listed on this form for eligible payments, including broker compensation, bonuses, reimbursements, or other approved payments.

I certify that the information provided is accurate and that I am authorized to receive payments to this account.

This authorization remains in effect until Direct Providers Care(TM) receives written notice of cancellation and has reasonable time to act on it.

If funds are deposited in error, I authorize Direct Providers Care(TM) to make necessary debit or adjustment entries as permitted by law.

I understand that incomplete, inaccurate, or unverifiable information may delay payment processing.

5. Authorized Signature

Authorized signer name *

Title

Signature *

Date *

By signing, the authorized signer agrees to the ACH authorization terms above.

6. Internal Use Only

☐ W-9 received

☐ Bank information verified

☐ Broker agreement on file

Approved by

Approval date

Vendor / partner ID

Notes

Security note

This form contains sensitive financial information. Store securely and restrict access to authorized personnel only.