



**Instructions:** Please complete Section 1 and Section 2. After completing Section 2, please attach the required documentation as listed. The form must be signed and dated at the bottom to be considered complete. For any questions or concerns, please contact our office at (949) 301-9950.

**Mail**

34163 Pacific Coast Hwy  
Suite 225-A  
Dana Point, CA 92629

**Email**

sequoiahr@sequoiasd.com

**Fax**

949.876.8753

### Section 1

Participant/Representative Name: \_\_\_\_\_

Direct Care Professional Name: \_\_\_\_\_

DCP Last 4 Digits of SSN: \_\_\_\_\_ Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Section 2

Name of Financial Institution: \_\_\_\_\_

Type of Account:                      Checking                      Savings



**For Checking Account**

Tape a voided check here.  
*(No starter check or deposit slip.)*

**For Savings Account**

Attach a letter from bank with routing and account numbers.  
*(Letter must be typed on bank's letterhead.)*



### Authorization for Set-Up

I hereby authorize SequoiaSD to deposit any amount owed to me for wages and/or reimbursements. SequoiaSD is not responsible for any erroneous information provided. Also, I grant SequoiaSD permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. This authorization is to remain in full force and effect until SequoiaSD receives written notification from me to terminate the agreement.

Print Full Name: \_\_\_\_\_

Direct Care Professional Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_