Direct Deposit Form (MA)

PCAs/DCWs are required to use direct deposit for payment. PCAs and DCWs must complete this form and upload the documents listed below. Required fields are marked with an asterisk (*).

PCA/DCW Full Name*	PCA/DCW Phone Number*	PCA/DCW Unique ID
PCA/DCW Full Name	PCA/DCW Phone Number	PCA/DCW Unique ID

Consumer/Waiver Participant Full Name*	Consumer/Waiver Participant ID
Consumer Full Name	Consumer No.

Choose One: Action Requested*	
☐ First-Time Direct Deposit Enrollment	☐ Update Direct Deposit Information

Current Bank Information*			Previous Bank Information *(Complete only if you are updating your information)*		
Bank Name:	Bank Name of Current/New Bank		Bank Name:	Bank Name of Previous Bank	
Account Type:	☐ Checking	☐ Savings	Account Type:	☐ Checking	☐ Savings
Routing Number:	Routing Number of Current/New Bank *(9 digits)*		Routing Number:	Routing Number of Previous Bank *(9 digits)*	
Account Number:	Account Number of Current/New Bank		Account Number:	Account Number of Previous Bank	

Per PCA/Waiver Program Regulations – Direct Deposit Accounts must be in the name of the PCA/DCW only. The account cannot be a joint account shared by the PCA/DCW and the Consumer/Waiver Participant or the Surrogate.

*Required Documentation**
For a checking account, provide a voided check or official bank documentation (ex. Direct deposit verification letter) showing the PCA/DCW's name, routing number, and account number. Starter checks are acceptable with preprinted name and account number. **For a savings account,** provide official bank documentation that includes the PCA/DCW's name, routing number, and account number. **Note: Do not submit any handwritten documents or deposit slips as they will not be accepted. Tempus will not process this form without the required documentation.**

I hereby authorize Tempus Unlimited, Inc. (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it.

✍ PCA/DCW Signature	PCA/DCW Printed Name	Date Signed
PCA/DCW Signature*	**Printed Name***	**Date***

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