

**Direct Deposit Enrollment Form  
Cuyahoga DD Family Supports Program**

Please provide the information requested. Any incomplete or partially completed forms cannot be processed and may delay payment. If you have questions, please call NEON at **1-800-237-6828**.

**Section 1: Select an account**

**All accounts MUST be personal accounts in the provider's name. We are not able to make payments to business accounts or accounts associated with the individual receiving respite services.**

I want my FSP payments deposited into **ONE** of the following accounts:

- Checking – Include a copy of a voided check OR Direct Deposit Enrollment Form from your bank: REQUIRED**
- Savings**
- Pre-paid credit or debit card\***

**Section 2: Deposit Information**

**Name of Bank** \_\_\_\_\_

**Routing Number\*** \_\_\_\_\_

**Account Number\*** \_\_\_\_\_

\* Please note: Routing and account numbers are NOT located on pre- paid credit or debit cards. You will need to call the customer service number on the back of your card to obtain the routing and account numbers.

**Section 3: Demographic Information**

**Print Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Phone Number** (to reach you if there is a problem or question) \_\_\_\_\_

**E Mail** \_\_\_\_\_

**Section 4: Authorization to Deposit Funds**

I hereby authorize NEON to initiate credit entries to my account indicated above and PNC Bank to credit the same to such account.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

This form should be returned to the **North East Ohio Network** by mail, email or fax.  
Address: 721 Boardman-Poland Rd, Suite 103, Boardman, Ohio 44512  
Email: [cuyfss@neoncog.org](mailto:cuyfss@neoncog.org) Fax: 855-336-6968