



## Advanced Care Providers

PO Box 972  
Minocqua, WI 54548  
[acp@ACPstaff.com](mailto:acp@ACPstaff.com)  
[www.ACPstaff.com](http://www.ACPstaff.com)

As a convenience to you, Advanced Care Providers has set up the payroll department with direct deposit to provide a more secure as well as a faster transfer of funds to your account.

The following information is required in order for this to be set up and to prevent delays in payroll and reimbursements:

Name:	
Bank Account Number:	
Type of account (savings, checking):	
Bank name and address:	
Bank routing number:	
Signature:	

You must also provide a cancelled check from your account. Simply write "VOID" across the check in ink or marker.

Please send the above required information and cancelled check or deposit slip to:

Advanced Care Providers  
P.O. Box 972  
Minocqua, WI 54548.

Fax: 323-375-3290

Thank you and please let me know if you have any questions.

Deb Sanfilippo  
715-892-0392  
[deb@acpstaff.com](mailto:deb@acpstaff.com)