



California
Care
Coordinators



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www.joinccc.org

REMITTANCE ADVICE FORM

To ensure accurate and reliable delivery of verified funds in the form of a Cashier's Check, CCC requires Payees requesting physical payment in lieu of Direct Deposit to fill out this form in its entirety. This form is not required if Payee is willing to accept Direct Deposit by filling out CCC's Direct Deposit Authorization Form. Direct Deposits are a preferred payment method, providing faster processing times and enhanced security when compared to physical remittances. Be advised, physical remittances must be addressed to a single designated individual recipient who is required to sign for the parcel; otherwise delivery will be denied. Be sure to choose a reliable recipient for successful remittance. By signing this form, you agree that CCC is not liable for any verified funds that may be lost, misplaced, stolen or delivered to an unintended party in error. By refusing Direct Deposit and electing to receive verified funds via Cashier's Check, you assume all liability and agree that all dues are satisfied by CCC and our member upon issuance and remittance of verified funds, regardless of delivery outcome. Should you choose to accept Direct Deposit instead, please ask the CCC Case Manager or team member you are currently in communication with to provide you CCC's Direct Deposit Authorization Form.

Pay To The Order Of (Name on Check): _____

Property Management Company Name: _____

Recipient First/Last Name (Must be an Individual): _____

Delivery Address of Recipient: _____

Do Not Forget Suite or Unit Number (If Applicable)

Name of Authorized Signer: _____

Authorized Signature: _____ **Date:** _____