

DIRECT DEPOSIT UPDATE

Employee Name																
First	:	Last:								PF	L ID:					
Part	Participant Name															
First	:	Last:								PF	L ID:					
Please select how you want to be paid: Direct Deposit to your Bank Account or by Debit Card. You will be paid by paper check until direct deposit is set up. This is because it takes one to two pay periods for direct deposit to become active. If you need to update your bank account details, you must submit a new form. If you work for more than one Participant, you will need to submit a new direct deposit update form for each one.																
Payment Details																
☐ Direct Deposit to Bank Account																
Account Type (select one):																
Bank Name:																
Routing Number:											J					
Account Number:																
☐ Deposit to Debit Card If you select Debit Card as your payment method, you must provide PPL with an address where you live. If you work for more than one Participant, all payments will be on one pay card.																
Pay Stub																
Your pay stub is available through the web portal or the mobile app. If you do not have access to the internet through a computer, tablet, or smart phone, then select the checkbox. Please send my pay stub in the mail.																
Agree and Sign																
The Employee confirms: I have read all of this form. The details I have provided are accurate and complete. PPL can deposit my payment directly into my bank account based on my choice above. If I fail to give complete and accurate details on this form, processing may be delayed, or my electronic payments may be erroneously made. PPL can withdraw from the designated account all amounts deposited electronically in error. If my account is closed or does not have enough money to allow withdrawal, then PPL can withhold any payment owed to me until the incorrect deposited amounts are repaid. If I want to cancel direct deposit, I will contact PPL customer service and provide both the account and routing number. Employee Signature: Date:																
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