

PAYROLL DEPOSIT UPDATE

Provider Information

First Name: Last Name: PPL ID:

Select this option if you would like all payments to be deposited in the same account for all participants for which you provide services.

► If you did not select the option above, enter Participant and Employer Name below. If you work for multiple Participants/Employers, you will need to submit a Payment Change form for each Participant/Employer.

Participant Information

First Name: Last Name: PPL ID:

Employer Information (complete this section even if the employer is the same as the participant)

First Name: Last Name:

Please select how you want to be paid: Direct Deposit to your Bank Account or by ADP Pay 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 information, you must submit a new form.

Payment Information

Direct Deposit to Bank Account

Account Type (select one): Checking Account Savings Account

Banking Institution Name:

Routing Number:

Account Number:

Direct deposit account can be cancelled by calling customer service.

Deposit to ADP Pay Card

If you select ADP Pay Card as your payment method, you must provide PPL with a physical address. If you work for more than one Participant and select ADP Pay Card, all payments will be on one pay card.

Pay Stub

Your pay stub is available through the BetterOnline™ 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 below.

Please send my pay stub in the mail.

Authorization and Signature

By signing below, I authorize Public Partnerships LLC (PPL) to deposit my payment directly into my account using an Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize PPL to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize PPL to withhold any payment owed to me until the erroneous deposited amounts are repaid. If I decide to cancel direct deposit, I will contact PPL customer service and provide both the account and routing numbers of my account.

Provider Signature:

Date: