

Payment Change Form Instructions

Direct Deposit via electronic funds transfer (EFT) is a fast and safe way to receive payment from Public Partnerships LLC (PPL) for the services you provide to Virginia consumers.

Use this form to **allow** PPL to deposit your pay directly into your existing:

- Checking account,
- Savings account or
- Money Network account.

Also use this form to **notify** PPL of changes to a direct deposit account that you already set up for payment by this Employer. You can:

- Change your bank
- Change your account number or type of account
- Cancel an existing PPL EFT set-up.

NOTE: If you do not sign up for direct deposit, PPL will create a Money Network Account to deposit your pay via EFT and will provide you with a Money Network debit card and checks so you can access the funds.

Payment Change Form	
Attendant Name	Attendant Social Security Number
Payment Information <i>(If a payment selection is not checked then VA CCC Plus will automatically set you up with the debit card)</i> Payment Selection (check only one box): <input type="checkbox"/> Money Network® Debit Card <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Paper Check	
Direct Deposit Account Type (check only one box): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
Account Information 1. If selecting Money Network® Debit Card no additional documentation is needed in this section. Money Network will mail your card and your informational packet. 2. Direct Deposit can be cancelled by calling customer service. If you are changing your bank account information, this form must be submitted.	
Banking Institution Name:	
Routing Number:	<input type="text"/>
Account Number:	<input type="text"/>
Pay Stub/Remittance Advice GO GREEN: VA Cardinal Care, through Public Partnerships makes your pay stub available on the mobile app or web portal. I authorize VA Cardinal Care through Public Partnerships LLC 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 VA Cardinal Care through Public Partnerships LLC 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 VA Cardinal Care through Public Partnerships LLC to withhold any payment owed to me until the erroneous deposited amounts are repaid. If I decide to cancel direct deposit, I will contact Public Partnerships LLC customer service and provide both the account and routing numbers of my account.	
Cancellation <input type="checkbox"/> I wish to cancel an existing Money Network Account. State the reason for cancellation:	

To complete the Payment Change Form, please follow the instructions below:

1. Enter attendant name and attendant social security number
2. **Payment Information Section**
 - Select type of payment (Money Network Debit Card, Direct Deposit, Paper Check)
 - Select account type (Checking or Savings)
3. **Account Information Section**
 - Enter banking institution name
 - Enter bank account routing number
 - Enter bank account number
4. **Cancellation Section**
 - Select the checkbox if you would like to cancel an existing Money Network account
 - Provide a reason for the cancellation
5. Sign and date the form
6. Send the completed form to PPL at via fax (1-866-709-3319) or email (vapplfax@pcgus.com)