

**Tennessee Self-Determination  
Waiver Program (SDWP)**

**Payment Information  
Change Form**

WORKER NAME:	WORKER SOCIAL SECURITY NUMBER:

**PAYMENT INFORMATION**  
(If a payment selection is not checked, then SDWP will send you your payments by paper check)

Payment Selection: (please check only one box)

ADP® ALINE Card  
  Direct Deposit  
  Paper Check

**DIRECT DEPOSIT**

Account Type: (please check only one box)

Checking Account  
  Savings Account

**ACCOUNT INFORMATION**

1. If selecting ADP® ALINE Card no additional documentation is needed in this section. ADP 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**PAY STUB/REMITTANCE ADVICE**

**GO GREEN:** The Program makes your pay stub available through the BetterOnline™ web portal. If you do not have access to the internet through a computer, tablet, or smart phone, then check the box below.

I do not have access to the internet, please send my pay stub in the mail.

I authorize SDWP through Public Partnerships 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 SDWP through Public Partnerships 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 SDWP through Public Partnerships 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' customer service and provide both the account and routing numbers of my account.

Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_