

Complete to set up a direct deposit payment for ECF member community transportation benefit only

Public Partnerships, LLC (PPL)

# DIRECT DEPOSIT APPLICATION

**Section 1**

**CREATE/CHANGE PPL Direct Deposit Account or CLOSE Existing PPL Direct Deposit Account**  
 Check the appropriate box below based on your request.

New Direct Deposit Set-up     
  Change Account Number     
  Cancellation Request  
 New Pay Card/Debit Card Set-up     
  Change Account Type     
  Change Financial Institution

**Section 2**

**PAYEE INFORMATION**  
 Disclosure of your Social Security Number (SSN) is voluntary pursuant to 42 USC 405c2C. PPC will use to file **required information returns to IRS.**

1. Social Security Number (SSN)     
   -   -

2. Payee Name \_\_\_\_\_ 3. Phone \_\_\_\_\_

4. Payee Address \_\_\_\_\_

5. City \_\_\_\_\_ 6. State \_\_\_\_\_ 7. Zip \_\_\_\_\_

**Section 3**

**AUTHORIZATION FOR SET-UP, CHANGE OR CANCELLATION**

I authorize Public Partnerships, LLC (PPL) to process payments owed to me for services authorized by the TN Employment and Community First program. Per my request, PPL will deposit my payment directly to my bank or pay card account indicated below 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 by PPL until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PPL. The change or revocation is effective on the day PPL processes the request.

I certify that I have read and agree to comply with PPL rules governing payments and electronic transfers as they exist on the day of my signature on this form or as subsequently adopted, amended, or repealed.

I authorize PPL to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits per this agreement, and that all information provided is accurate.

8. Signature (Required) \_\_\_\_\_ 9. Title \_\_\_\_\_ 10. Date \_\_\_\_\_

**Section 4**

**ACCOUNT DETAIL INFORMATION**

11. Financial Institution Name (My Bank or my Pay Card Bank's Name) \_\_\_\_\_

12. Bank Address \_\_\_\_\_

13. Bank Routing Number     
     -

14. Account Type:     
 Checking     
 Savings     
 Pay Card/Debit Card

15. My Account Number     

16. Bank City \_\_\_\_\_ 17. Bank State \_\_\_\_\_ 18. Bank Zip \_\_\_\_\_

**Send Direct Deposit Application to:**

Fax to: 1-844-634-7304

Email to: Choices.tnecfdocuments@pcgus.com

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