

## Instructions for Direct Deposit Setup

### What is the purpose of this form?

If a Support Service Worker (SSW) or Vendor would like their payments made via Direct Deposit, they may fill out and submit this form to Public Partnerships, LLC (PPL).

### How do I complete this form?

- Fill in your Name, PPL ID (*if known*), and Social Security Number in the blanks at the top of the page.
- Check off the appropriate box indicating if the Direct Deposit is going to a Checking Account, Savings Account, or a Pay Card.
- Attach a Voided Check to the form **OR** submit documentation from your financial entity confirming the account number and routing number of the account you wish the funds to be deposited into.
- Sign and Date the bottom of the form.

### Where to send the form?

#### Fax

877.432.4105

#### E-mail

choices.agp@pcgus.com

#### Mail

Public Partnerships, LLC  
TennCare AG Consumer Direction  
7776 S Pointe Pkwy W, Suite 150  
Phoenix, AZ 85044

PCG   Public Partnerships Public Focus. Proven Results.™		Direct Deposit Setup
<b>PAYEE INFORMATION</b>		
Payee Name: _____		
Payee's PPL ID ( <i>if known</i> ): E _____	Social Security Number or Tax Identification Number: _____	
<b>DIRECT DEPOSIT SETUP</b>		
Account Type: ( <i>Check one box</i> )		
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Pay Card
<input type="checkbox"/> I do not have access to the PPL Web Portal, please send me Paper Remittance Advices.		
<b>VOIDED CHECK</b>		
<b>Attach a Voided Check Here</b>		
1. <i>If selecting Savings Account or Pay Card, submit documentation from your financial entity confirming your account and routing numbers – all information must be pre-populated including your full name.</i>		
2. <i>Sorry, no Starter Checks.</i>		
<small>If I request the Direct Deposit payment selection, I authorize 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 certify I have read and agree to comply with PPL rules governing payments and electronic transfers. 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. If I decide to cancel direct deposit, I will contact PPL Customer Service and provide both the account and routing numbers of my account.</small>		
Payee Signature: _____		Date: _____