

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

877.432.4103

E-mail

choices.achoice@pcgus.com

Mail

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

PCG Public Partnerships Public Focus. Proven Results.™		Direct Deposit Setup
PAYEE INFORMATION		
Payee Name: _____		
Payee's PPL ID (<i>if known</i>): E _____	Social Security Number or Tax Identification Number: _____	
DIRECT DEPOSIT SETUP		
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.		
VOIDED CHECK		
Attach a Voided Check Here		
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: _____