

Direct Deposit Set Up

PAYEE INFORMATION	
Payee Name (REQUIRED):	Participant/Employer Name (REQUIRED)*:
Payee's PPL ID (if known):	Social Security/Tax Identification # (REQUIRED):
E _____	____-____-____-____-____-____
*If change is for all Members/Employers, please write "all members" in the Member/Employer Name field.	

DIRECT DEPOSIT SETUP	
Request Type (REQUIRED): (Check one Box Only)	Account Type (REQUIRED): (Check one Box Only)
<input type="checkbox"/> New Request <input type="checkbox"/> Change Request <input type="checkbox"/> Cancellation Request* *Cancellation requests do not require supporting bank documentation. Write Account information below.	<input type="checkbox"/> Checking <input type="checkbox"/> Pay Card <input type="checkbox"/> Savings

VOIDED CHECK
<p><i>Attach a Voided Check Here</i></p> <p><i>*Not required for cancellation requests</i></p> <ol style="list-style-type: none"> 1. If selecting Savings Account or Pay Card, submit documentation from your financial entity confirming your account and routing numbers. 2. Starter checks with hand written information <u>cannot</u> be accepted. 3. All information must be pre-populated including your full name. <p>If documentation does not fit into this square, please submit an additional page.</p>

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.

Payee Signature: _____

Date: _____