PCG | Public Partnerships
Supporting Choice. Managing Costs.™

Direct Deposit Setup
California GGRC

PAYEE INFORMATION	
Employee Name (REQUIRED):	**Participant/Employer Name (REQUIRED)*:**
Employee's PPL ID *(if known)*: **E** _____ _____ _____ _____ _____ _____	**Social Security/Tax Identification # (REQUIRED):** ____-____-____ -____-____-____-____-____-____
**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)* ☐ **New Request** ☐ **Change Request** ☐ **Cancellation Request*** **Cancellation requests do not require supporting bank documentation.*	**Account Type (REQUIRED):** *(Check one Box Only)* ☐ **Checking** ☐ **Pay Card** ☐ **Savings**
☐ ***Do NOT Send the Paper Remittance Advice, I will review these using the PPL Web Portal.***	

VOIDED CHECK

Attach a Voided Check Here
****Not required for cancellation requests***

If selecting ***Savings Account*** *or* ***Pay Card****, submit documentation from your financial entity confirming your account and routing numbers. Starter checks with account holder's name and address written on the face of the check are acceptable as well.* ***If documentation does not fit into this square, please submit an additional page.***

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:**_____