

If an employee would like to receive payments made via Direct Deposit, he/she may complete and submit this form to Public Partnerships.

Employee Information			
First Name		Last Name	
PPL ID (if known)	PONJD _____	Social Security No.	_____ - _____ - _____
Phone		E-mail	

Payment Information			
Account Type: (please check only one box)	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> ADP® ALINE Card

Account Information	
1. Please provide the name of your bank, the routing number, account number, and account nickname (optional). 2. Direct Deposit can be cancelled by calling customer service. If you are changing your bank account information, this form must be submitted. 3. If you select the ADP® ALINE Card, then no Routing/Account information is necessary. ADP will mail your debit card and account information.	

Routing Number	
Account Number	
Account Nickname (if desired)	

Pay Stub/Remittance Advice
<p>GO GREEN: Public Partnerships makes your pay stub available through our BetterOnline™ web portal. If you <u>do not</u> have access to the internet through a computer, tablet, or smart phone, <u>then check the box below</u>.</p> <p><input type="checkbox"/> I <u>do not</u> have access to the internet, please send my pay stub in the mail.</p>

I authorize PCG Public Partnerships 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 authorize Public Partnerships 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 PCG Public Partnerships to withhold any payment owed to me until the erroneous deposited amounts are repaid. If I decide to cancel direct deposit, I will contact PCG Public Partnerships' customer service and provide both the account and routing numbers of my account.

X _____
Self-Directed Employee (SDE) Signature Date (mm/dd/yyyy)

Where to send this form?		
<u>Fax</u> 1-844-561-5978	<u>E-mail</u> njddd@pcgus.com	<u>Mail</u> Public Partnerships, LLC Attention: NJ DDD PO Box 51477 Phoenix, AZ 85076-1477