

Public Partnerships, LLC - South Carolina Attendant Care Program

FORM -EFT1

# DIRECT DEPOSIT APPLICATION (for use with checking, savings, and personal debit card direct deposit requests only)

Section 1

### CREATE OR CHANGE PPL EFT ACCOUNT CLOSE EXISTING PPL EFT ACCOUNT

Check the appropriate box below based on your request.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New Direct Deposit Set-up | <input type="checkbox"/> Change Account Number | <input type="checkbox"/> Cancellation Request         |
|  | <input type="checkbox"/> Change Account Type   | <input type="checkbox"/> Change Financial Institution |

Section 2

### PAYEE INFORMATION

Disclosure of your Social Security Number (SSN) is voluntary pursuant to 42 USC 405c2C. PPL will use to file required information returns to IRS.

1 Federal Employer Identification No. (EIN)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	←	EIN
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OR

2 Social Security Number (SSN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	←	SSN
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3 Payee Name

4 Payee Telephone Number

5 Payee Address

6 Payee City

7 Payee State

8 Payee Zip

Section 3

### AUTHORIZATION FOR SET-UP, CHANGE OR CANCELLATION

I authorize PPL to stop making electronic transfers to my account without advance notice. I certify that I'm authorized to contract for entity receiving deposits per this agreement, & that all information provided is accurate.

9 Signature (Required)

Household Employee  
10 Title

11 Date

I authorize PPL to process payments owed to me for services authorized by the South Carolina Attendant Care Program. Per my request, PPL will deposit my payment directly to my bank account indicated below using 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.

Section 4

### ACCOUNT DETAIL INFORMATION

12 Financial Institution Name (My Bank's Name)

13 Bank Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14 Bank Routing Number

15 Account Type

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking	Savings	Personal Debit Card

16 My Account Number

17 Bank City

18 Bank State

19 Bank Zip

Section 5

### CANCELLATION

Cancellation Reason

PPL Use ONLY

Staff Entry:  
Date:

Participant CLTC#: \_\_\_\_\_